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# Words Matter: Using a trauma informed approach when speaking with and about patients affected by SUD

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## Objectives

- State 5 myths about addiction
- Respond to stigmatized communication in a trauma informed way
- Demonstrate how to reframe stigmatized

# WHAT IS THE PROBLEM?

- In 2020, more than 41 million Americans were classified as needing treatment for substance use,
  - including 28 million with alcohol use disorder,
  - 18 million with an illicit drug use disorder,
  - and 6.5 million with both,

  Substance Abuse and Mental Health Services Administration (SAMHSA)

# WHAT IS THE PROBLEM?

- Over 97% of those 41 million did not believe that treatment was necessary.
- In 2020, just 2.7% of people were receiving treatment of any kind.
- In March 2020, opioid overdoses jumped 18% compared to the same period the previous year.
- Overdose **deaths** involving any drug rose by 30% in the first year of the pandemic.

## WHAT IS THE PROBLEM ?

- "Opioids began as an imperfect solution to pain management, followed by a period of practices of false marketing and over-prescribing by physicians and pharmaceutical companies."

- When regulations were imposed, painkillers were too expensive or too difficult to get, so heroin use and related deaths increased



## WHAT IS THE PROBLEM?

- A transition was made to a synthetic opioid – fentanyl (50 times stronger than fentanyl)

- From 2013 to 2019, the synthetic opioid-involved death rate jumped by more than **1,000%.**

# HOPE ?

- Recent studies have shown that 75% of people with a SUD eventually enter recovery.
    - WHY? HOW?

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# WHAT IS ADDICTION?

- American Society of Addiction Medicine definition:
- Addiction is a **primary**, **chronic** disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.
- **The individual pursues reward or relief.**

# Addiction is characterized by:

- Inability to consistently abstain
- Impairment in behavioral control
- Cravings
- Diminished recognition of significant problems with one's behaviors and interpersonal relationships
- Dysfunctional emotional response
- Development of  tolerance and withdrawal



# RECOVERY/HOPE

The first step in motivating people toward recovery is for **YOU** to believe in it.

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# STIGMA and HOPELESSNESS

- HOPELESSNESS KEEPS PEOPLE FROM SEEKING RECOVERY
- STIGMA REINFORCES HOPELESSNESS
- THE LANGUAGE AND ATTITUDE WE USE IS IMPORTANT
- ATTITUDES INFLUENCE HOW WE ACT TOWARDS OTHERS.

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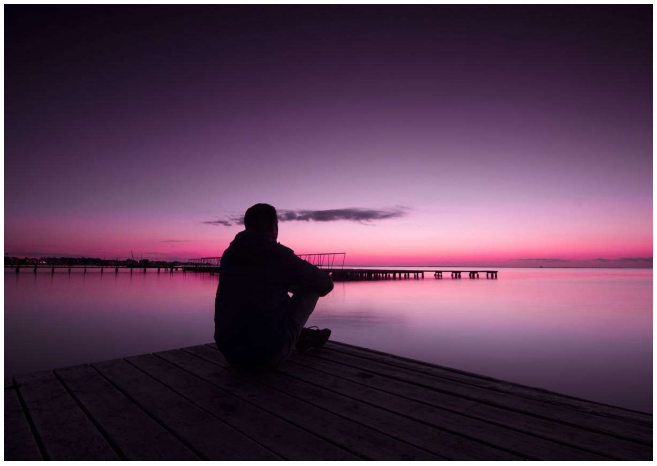
# WHAT IS STIGMA ?

- "A mark of shame or discredit" (Maine Quality Counts, "Words Matter: Improving the Substance Use Conversation."
- "Stigma is an attribute, behavior, or condition that is socially discrediting." (www.recoveryanswers.org)



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# DRUG USE STIGMA

- "Illicit drug use is the most stigmatized health condition in the world with alcohol use disorder not far behind at fourth in the world, among a list of 18 of the most stigmatized conditions internationally."
- **BUT,** studies have shown that portraying opioid use disorder as treatable may help reduce stigma associated with the condition.



# ADDICTION MYTHS

- **MYTH 1.** DO A DRUG ONCE AND YOU ARE ADDICTED.
- **FACT**: PEOPLE WHO STRUGGLE WITH ADDICTION USE SUBSTANCES TO CURB PAIN.

# ADDICTION MYTHS

- **MYTH 2:** "WE JUST NEED TO GET ALL DRUGS USERS OUT OF THE COMMUNITY TO END THE DRUG PROBLEM."

- **FACT:** A) OSTRACIZING PEOPLE WHO USE DRUGS SIMPLY PUSHES SUBSTANCE USE UNDERGROUND.
- B) WHERE IS A MAJOR SOURCE OF AVAILBLE DRUGS?

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# ADDICTION MYTHS

**MYTH 3**: YOU HAVE TO HIT ROCK BOTTOM BEORE WE CAN HELP YOU.

**Fact:** HITTING ROCK BOTTOM CAN BE MORE DESTRUCTIVE THAN HELPFUL.

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## ADDICTION MYTHS

- **MYTH 4:** "IF YOU REALLY LOVED ME, YOU WOULD STOP USING."
- **FACT:** ADDICTION IS NOT A CHOICE



## ADDICTION MYTHS

- **MYTH 5:** IF SOMEONE JUST USES WILLPOWER, THEY SHOULD BE ABLE TO STOP.
- **FACT:** CHANGES IN THE BRAIN ERODE A PERSON'S SELF-CONTROL AND ABILITY TO MAKE GOOD DECISIONS.

## ADDICTION MYTHS

- **MYTH 6:** ADDICTION MOSTLY AFFECTS CERTAIN TYPES OF PEOPLE.
- **FACT:** THIS DISEASE DOES NOT DISCRIMINATE.



## ADDICTION MYTHS

- **MYTH 7:** PEOPLE CAN'T BE FORCED INTO TREATMENT; IF TREATMENT IS FORCED, IT WILL FAIL.
- **FACT:** THOSE WHO ARE PRESSURED INTO TREATMENT ARE JUST AS LIKELY TO BENEFIT AS THOSE WHO ENTER TREATMENT VOLUNTARILY.

# ADDICTION MYTHS

- **MYTH 8:** HARM REDUCTION ENABLES SUBSTANCE USE.
- **FACT:** HARM REDUCTION SAVES LIVES AND PROVIDES SAFE OPTIONS TO PEOPLE STRUGGLING WITH ADDICTION.

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# STILL HOPEFUL

When we utilize our resources, provide positive reinforcement, and help people with kindness and respect, we increase their chances of getting well

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# A PATIENT PERSPECTIVE: JENNIFER'S STORY

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# WHAT MORE CAN WE DO?

- Ask questions to encourage conversations and raise awareness.
- Don't be afraid to talk about the illness.
- Raise issues non-judgmentally in relation to their current medical concerns (the same way you do with any medical illness)
- ***Accept*** what the patient is ready to do or consider
- Focus on recovery and improved health

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# REMEMBER

- They may not seem like they are hearing you or responding, but they carry your words and attitude with them when they leave.

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# YOUR WORDS MATTER…CHOOSE THEM WISELY

- Avoid stigmatizing language with patients and all members of the healthcare team
- It's not just talking with patients, it's talking about patients too
- Create a culture that supports hope and recovery…make a commitment to say something when you hear something
- Take out the drama and use facts with alternative terminology
- Someone on your team may very well have a loved one that struggles with SUD….or they may have struggled in the past themselves
- Remember all our patients are entitled to respectful, equitable & supportive care

# WHAT WORDS DO WE USE?

- Person centered language
  - Person with a substance use disorder vs. Addict
  - Individual not yet in recovery vs. untreated addict
- Objective language
  - Substance free vs. Clean or sober
  - Ambivalence vs. denial
  - Testing positive for "x" vs. dirty screen
- Opportunity focused
  - Return to use vs. relapse
  - Medication for OUD or MAT vs. opioid replacement or maintenance

(Maine Quality Counts, 2018)

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# Stigmatized Comments

- Comments overheard from healthcare providers:
  - "cocaine induction"
  - "how could she do that to her baby?…this is her 3rd baby and she has lost custody of all the others"
  - "what wasn't it positive for?"
  - "she loves her drugs more than her baby"
  - "she's just here for a hot meal and warm bed"
  - "drug seeking"
- Things we may not think are stigmatizing:
  - What ***drugs*** do you take when asking medication history

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## SCENARIO

- Receiving report via phone from a transporting hospital for a patient with PPROM. The nurse giving report mentions that the patient is a ***drug addict*** that hasn't had any prenatal care, ***of course this is her 2nd pregnancy and doesn't have custody of her other kid***, "***really difficult***", "***threatened to leave AMA***", "***not cooperative***", "was ***drug seeking***", "***her visitors are probably giving her drugs***", "***will probably bolt once the baby is out if you can even get her to stay***", "reports only marijuana use but ***her utox on admission lit up like a Christmas tree***"
- Remove the stigma, ask questions, bring hope in the mix and don't judge…help (that means our co-workers too)

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## Response…Focus on Facts…Be Trauma Informed

- Take the opportunity for closed loop communication. Report back the facts you heard:
  - (use patient's name) 2nd pregnancy at (x) weeks gestation with PPROM
  - No prenatal care
  - Current SUD with active use of (name substance(s))
  - Does not have custody of previous child
- Be trauma informed and ask questions
  - Sounds like she has had some challenges coping on your unit and could maybe benefit from a social work consult
  - Have you shared the results of her urine screen? Was she open to intervention or treatment? (SBIRT)
  - What has her support been from partner/FOB/Significant other?

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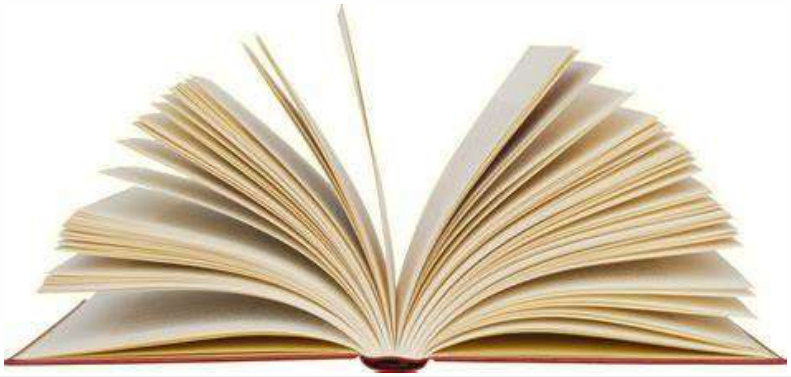
*"Do not judge my story by the chapter you walk in on"*-Unknown



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Questions?

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# REFERENCES


- SAMHSA, www.samhsa.gov
- "Over 1 million Americans are seeking treatment for substance use disorder—here's how it breaks down in Washington, D.C.", www.timesnews.net; March 21, 2022
- Maine Quality Counts, "Words Matter: Improving the Substance Use Conversation", www.maine.gov
- www.recoveryanswers.org
- "How to Reduce the Stigma of Addiction", **www.linkedin.com**, Jan 26,2020
- Addiction Myths, First Nation Health Authority, FNHA-Myths-About-Addictions-Factsheet.pdf


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