



**Pacific Southwest**

RURAL OPIOID TECHNICAL

ASSISTANCE REGIONAL CENTER

# Changing Minds, Changing Systems: Promoting Compassionate Care for OUD

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**UCLA**

**Integrated Substance Use & Addiction Programs**

Division of Addiction Psychiatry



# Disclosures

- Dr. Freese does not have any relevant financial disclosures to report
- Ms. Rutkowski does not have any relevant financial disclosures to report

# Learning Objectives

By the end of this session, participants will be able to

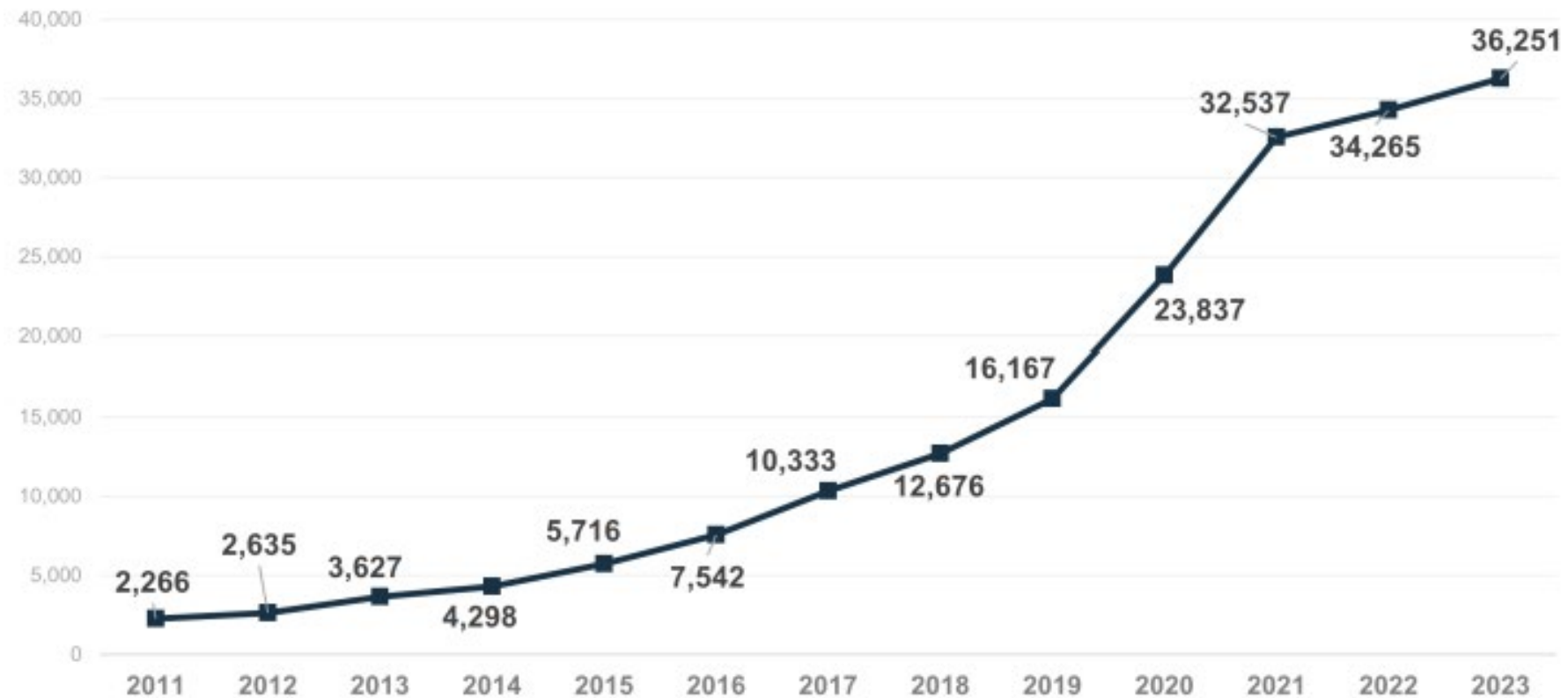
- Describe at least two (2) shifting patterns in opioid and stimulant drug poisoning deaths
- Explain at least three (3) ways that substance use-specific stigma can harm patients
- Specify three (3) key elements of the Brief Negotiated Interview and briefly describe how it can be used with patients to enhance motivation to change opioid use-related behaviors



# A Changing Landscape

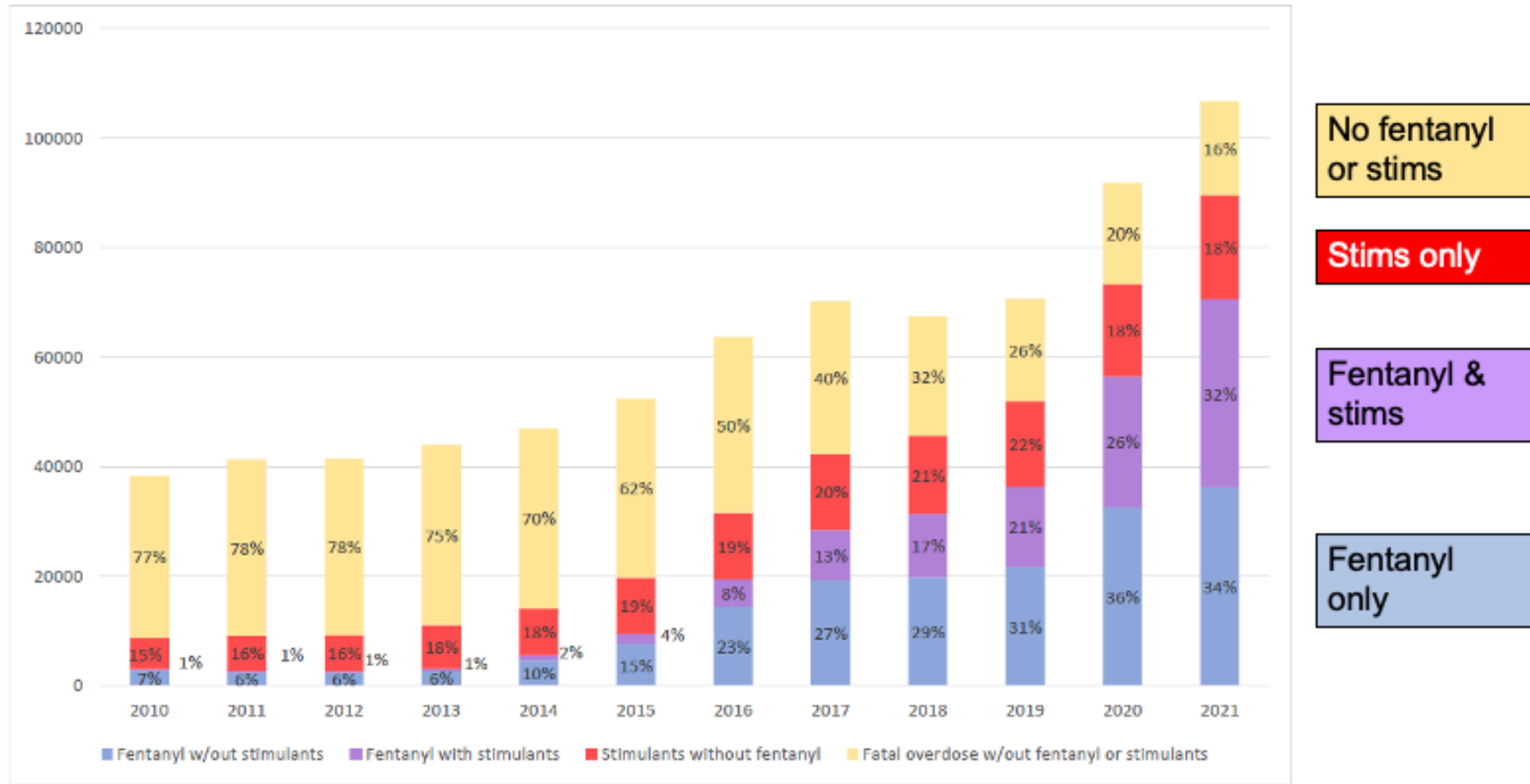
Shifting patterns in drug poisoning deaths, new analogs

# Psychostimulant-Involved Drug Poisoning Deaths, 2011-2023



# Evolution of Drug Poisoning Deaths Over Time

## Overdose Deaths by Fentanyl and Stimulant Presence, 2010-2021



SOURCE: Friedman & Shover, 2023

# Nitazene Potency Relative to Fentanyl and Morphine

## Legend

1 circle = 1mg morphine

1mg of Morphine



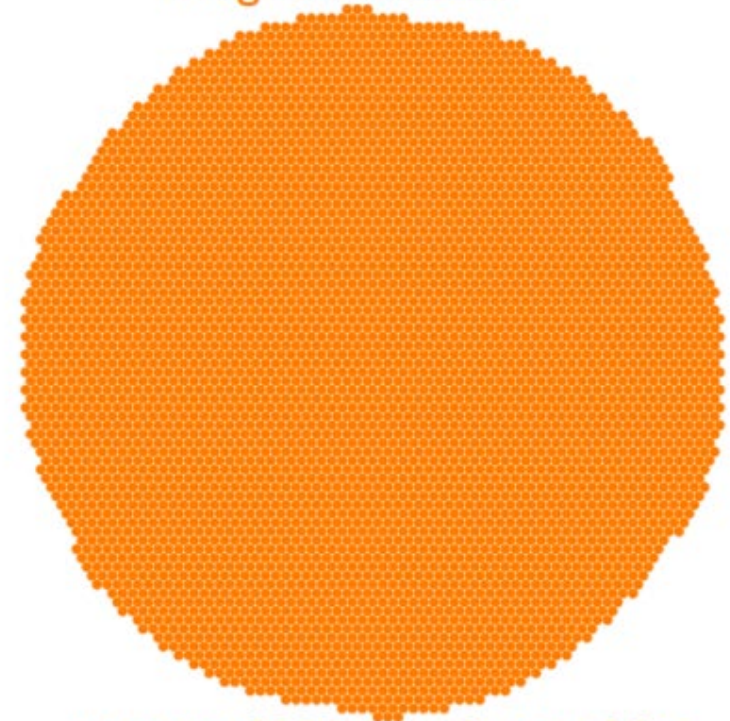
= 1mg of morphine

1mg of Fentanyl



= 100mg of morphine

1mg of Nitazene



= up to 4300mg of morphine

# Xylazine is Increasingly Detected in Fentanyl Deaths

**Xylazine**, or "tranq," is a non-opioid sedative

Fentanyl deaths with **xylazine** detected increased **276%** between:

*January 2019*

2.9%

*June 2022*

10.9%



**Addressing the prevalence of xylazine requires:**

**Surveillance** - Routine testing in suspected overdose deaths

**Prevention** - Further investigation of its effects on humans

**Treatment** - Medical care such as respiratory and cardiovascular support

Source: Kariisa M, O'Donnell J, Kumar S, Mattson CL, Goldberger BA. Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine – United States, January 2019–June 2022. MMWR Morb Mortal Wkly Rep 2023;72:721–727.



# Increase in Tianeptine in Poison Control Calls, 2000-2023

**FIGURE 2: INCREASE IN TIANEPTINE POISON CENTER CALLS 2000-2023**



# The Issue of Stigma

What is it and why should we care?

# Let's put some thoughts into the room

**The topic of people who use opioid drugs brings up lots of feelings for everyone.**

What thoughts and feelings come to mind  
(or have you heard) when I bring this up?

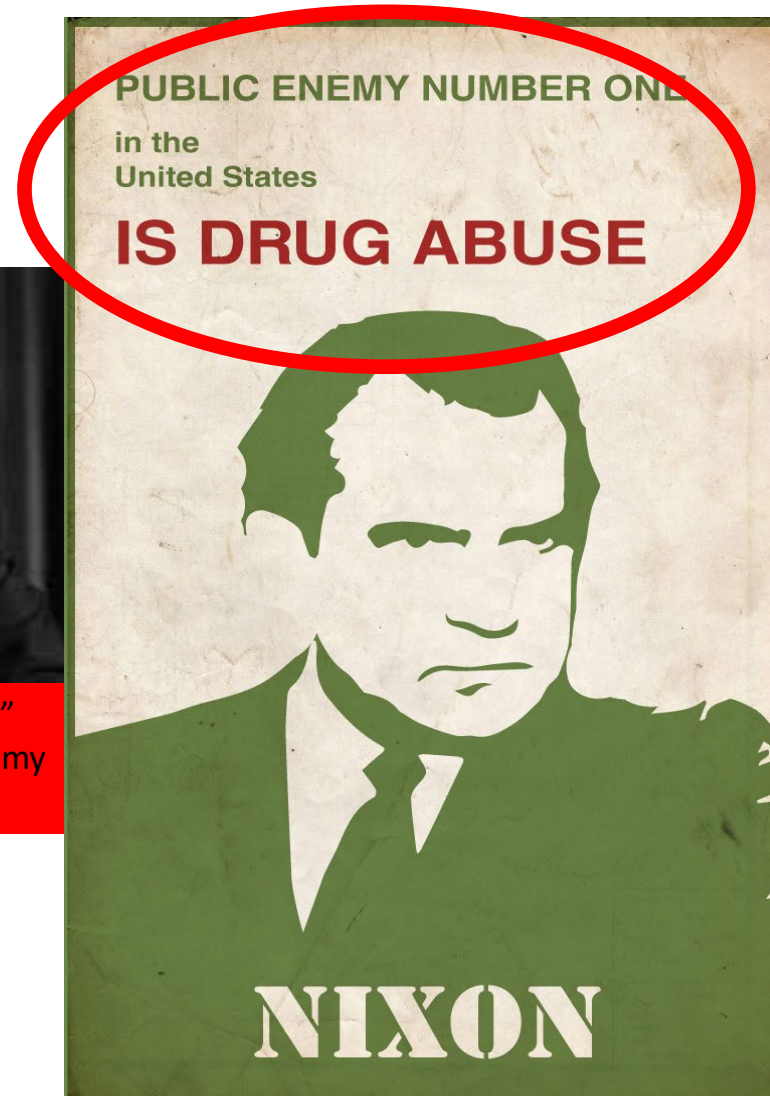


**50 years....  
1971-  
2021**

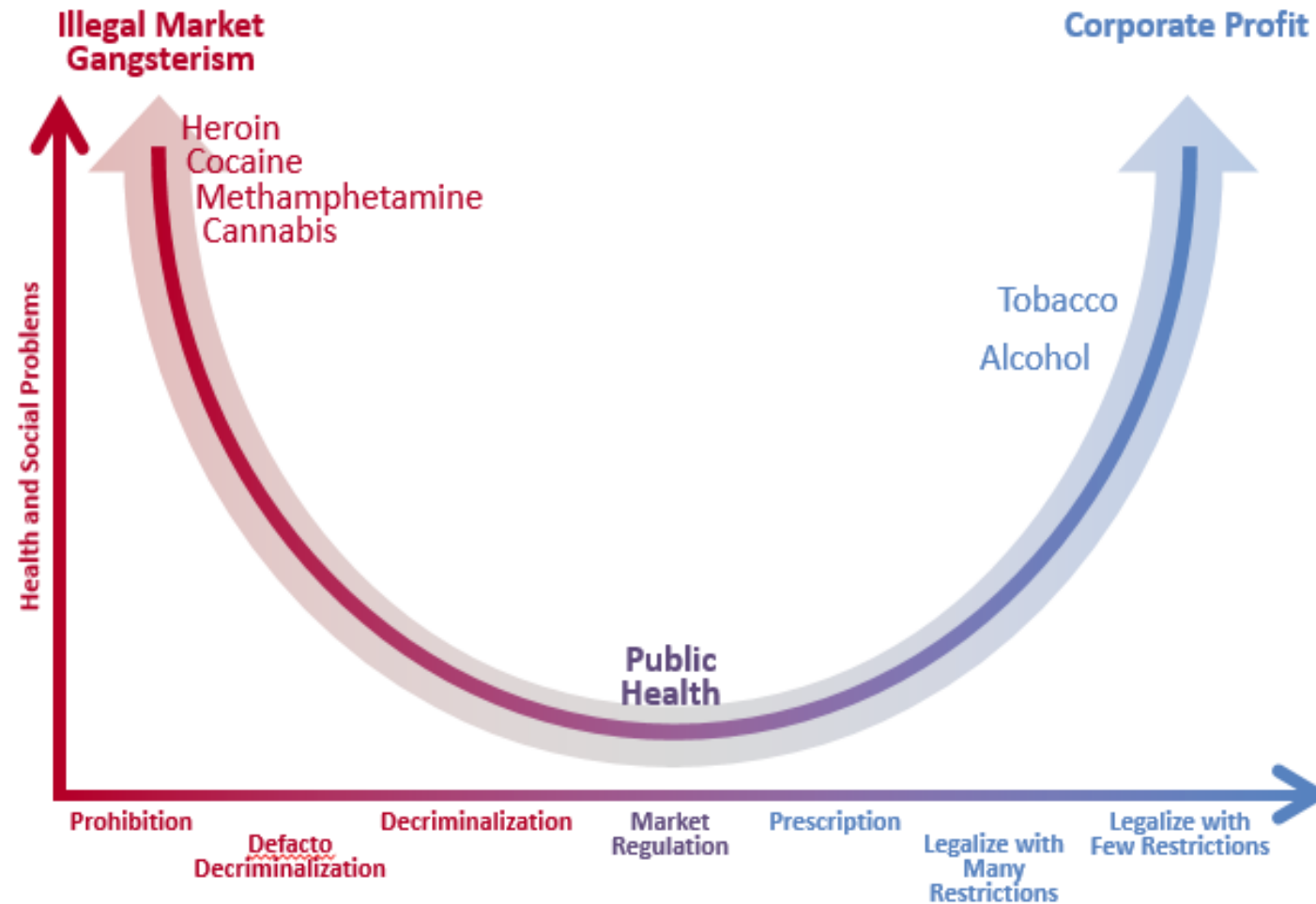
1971



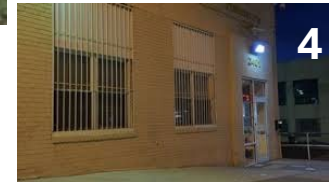
During the past 50 yrs since “War on Drugs” declared, we have moved from “Public Enemy No. 1” to “Public Health Problem No. 1”



National (Portugal) and State Drug Policy Positions are shifting across the US including decriminalization of possession of small amounts of all drugs (Oregon) and legalization and commercialization of others (cannabis)...



**Please see if you can  
correctly identify all  
pictures which feature  
addiction treatment  
facilities, and which  
treat other health  
conditions ...**



# Stigma and Discrimination



- People with SUD often get treated in **second-rate** dilapidated buildings, which gives them the impression they have a second-class illness.
- Not only do people with SUD worry they will get poorer-quality care because of stigma, they also get message **not worthy of high-quality care and environments** where people with “*real* diseases” get treated.
- Is “good enough for addicts” good enough?



# What is stigma?

Originally from a Greek work meaning tattoo or brand. First English use in 16<sup>th</sup> century.

It was a mark made on the skin by pricking or branding, as punishment for a criminal

“It was viewed as a sign that criminals were unsafe, unclean, and unwanted”





# Discussions:

## How does stigma impact individuals?

- How does it affect their emotions?
- How does it affect their behavior?



## Does stigma harm patients?

- Enacted stigma against substance use patients is associated with:
  - Delays in seeking treatment
  - Decreased self esteem
  - Lower quality of life



# Does stigma harm patients? (1)

- One more stigma definition
- **Structural stigma** = “societal-level conditions, cultural norms, and institutional practices that constrain the opportunities, resources, and wellbeing for stigmatized populations”

# Does stigma harm patients?



[Soc Sci Med.](#) Author manuscript; available in PMC 2015 Feb 1.

PMCID: PMC3818511

*Published in final edited form as:*

NIHMSID: NIHMS495159

[Soc Sci Med.](#) 2014 Feb; 103: 33–41.

PMID: [23830012](#)

Published online 2013 Jun 18.

doi: [10.1016/j.socscimed.2013.06.005](#)

## Structural Stigma and All-Cause Mortality in Sexual Minority Populations

[Mark L. Hatzenbuehler](#),<sup>1</sup> [Anna Bellatorre](#),<sup>2</sup> [Yeonjin Lee](#),<sup>3</sup> [Brian Finch](#),<sup>4</sup> [Peter Muennig](#),<sup>5</sup> and [Kevin Fiscella](#)<sup>6</sup>

# Does stigma harm patients? (2)

- “These results indicate that sexual minorities living in communities with higher levels of structural stigma **die sooner** than sexual minorities living in low-stigma communities, and that these effects are independent of established risk factors for mortality”
- Being a sexual minority in a community with high structural stigma vs community with low structural stigma = **reduced lifespan by 12 years** (all causes)

# Does stigma harm patients? (3)

Journal List > BMC Med > v.16; 2018 > PMC6092785

BMC Medicine



[BMC Med.](#) 2018; 16: 123.

PMCID: PMC6092785

Published online 2018 Aug 15. doi: [10.1186/s12916-018-1116-5](https://doi.org/10.1186/s12916-018-1116-5)

PMID: [30107800](https://pubmed.ncbi.nlm.nih.gov/30107800/)

## How and why weight stigma drives the obesity ‘epidemic’ and harms health

[A. Janet Tomiyama](#),<sup>✉1</sup> [Deborah Carr](#),<sup>2</sup> [Ellen M. Granberg](#),<sup>3</sup> [Brenda Major](#),<sup>4</sup> [Eric Robinson](#),<sup>5</sup>  
[Angelina R. Sutin](#),<sup>6</sup> and [Alexandra Brewis](#)<sup>7</sup>

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BMC Med

# Does stigma harm patients? (4)

- In one US study of 13,692 adults looking at weight stigma, people who experienced weight stigma had a 60% increased risk of dying (all causes), independent of BMI
- This was thought to be due to the direct and indirect effects of chronic social stress
  - Metabolic dysregulation, higher stress hormones, higher inflammation



# How do patients respond to stigma?

## They keep the real issue secret from you

- Secrecy leads to a vicious cycle related to stigma
- Patient gets diagnosed with a stigmatizing condition
- They feel stigma (it's not pleasant)
- They therefore hide the condition
- Healthcare provider finds out that the patient hid the stigmatized condition
- Patient feels stigma even more since they
  - Have a stigmatizing condition
  - Tried to hide it
  - Stigma is magnified by having it **AND** knowing about it
- Repeat from the beginning.



# Why choose secrecy?

- Only those with stigmatizing conditions feel stigma
- Stigma doesn't feel good
- So hiding the stigmatizing condition seems like a reasonable way to avoid feeling bad

# How Do Patients Respond to Stigma?

- WHO study of 18 most stigmatized social problems in 14 countries:
  - Substance addiction ranked number 1
  - Alcohol addiction ranked number 4
- Stigma associated with poor mental and physical health among people who use drugs
- Patients who hold more stigmatizing beliefs about SUDs are less likely to seek treatment; discontinue sooner
- Secrecy (concealing the stigmatized condition) is a common coping mechanism to deal with stigma
  - Contributes to a cycle of shame and avoidance

...that old joke



# Does stigma really harm patients?

- Less likely to access care
- More likely to drop out of care prematurely.
- providers holding stigmatizing beliefs were less likely to offer some health care options (mental health study).
- Experience stigma about weight resulted in a 60% increased risk of dying (all causes) independent of BMI (obesity study).
- Sexual minority people who experiences significant stigma from their community had 12 years reduced lifespan (all causes) (structural stigma study)

## Stigma reduces care and stigma reduces lifespan!

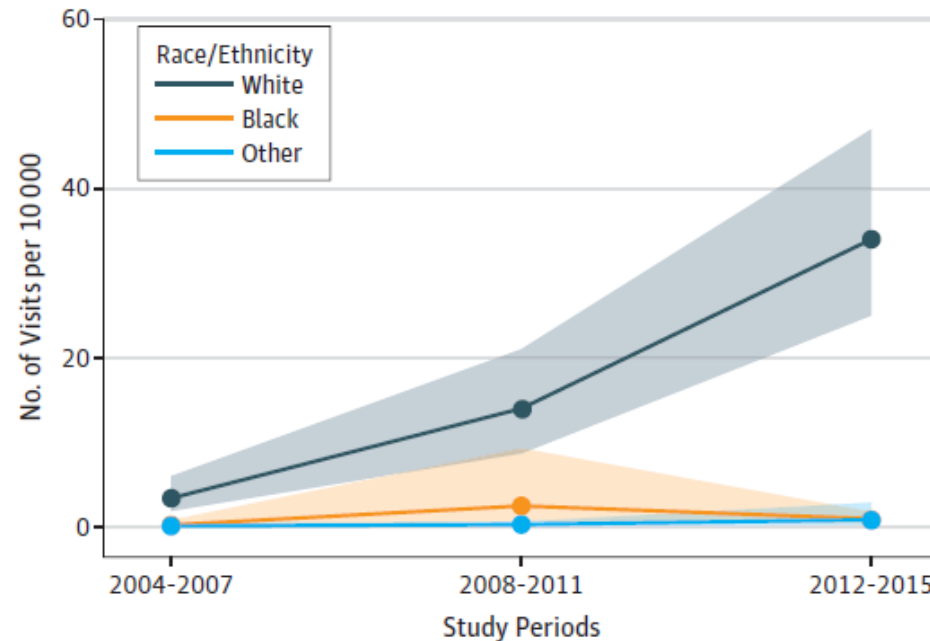
# Stigma Hurts the Population

- Rates of treatment for chronic diseases in the U.S.:
  - Hypertension 77%
  - Diabetes 73%
  - Major Depression 71%
  - Addiction to illicit drugs or alcohol: 18%

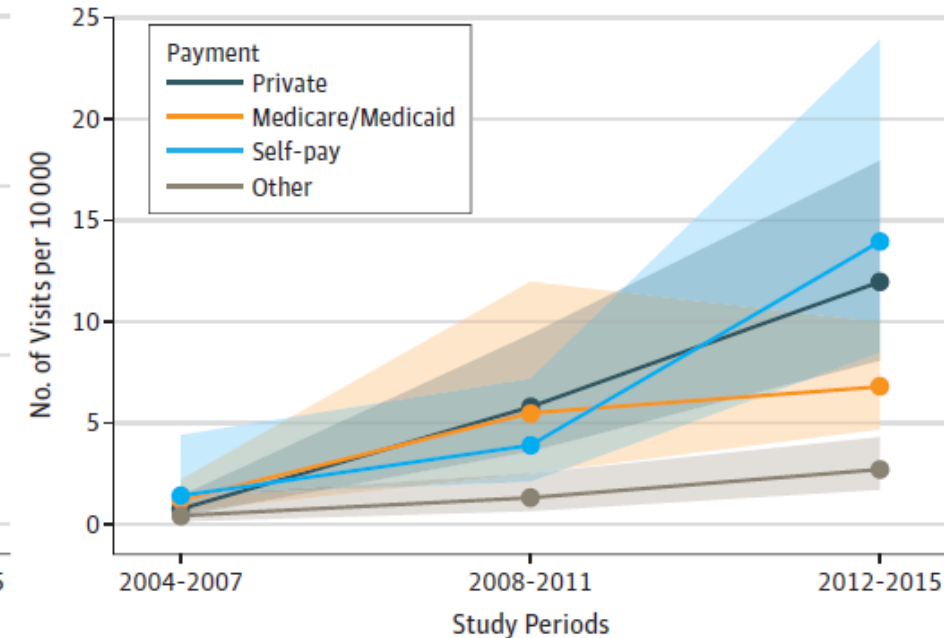


# Buprenorphine by Race and Payment Method

**A** Visits by race/ethnicity



**B** Visits by payment

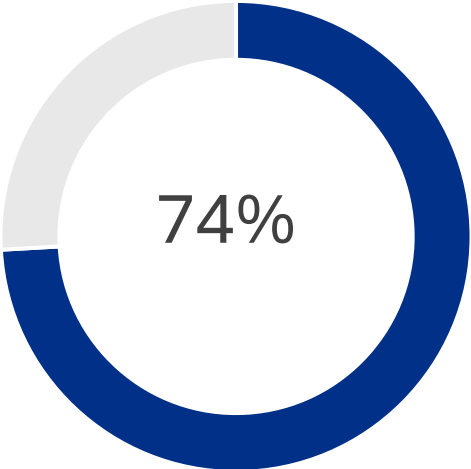




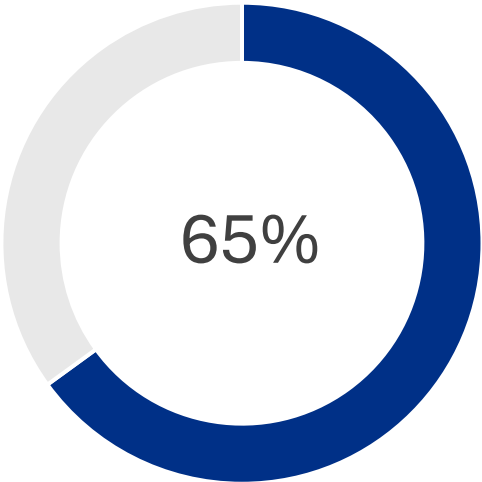


# Stigmatizing Beliefs

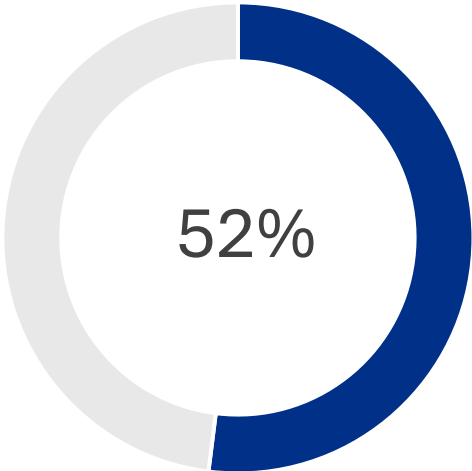
Believe it's **not** a chronic illness



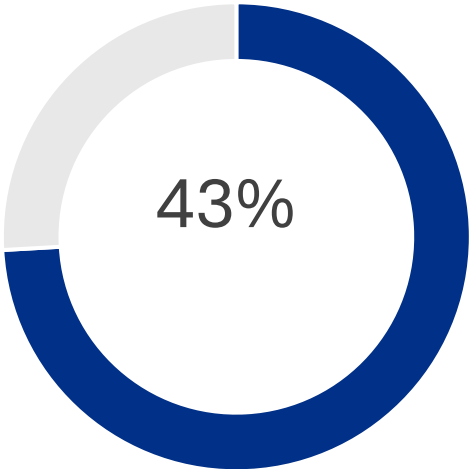
Would **not** want someone with SUD to marry into family



Believe it's **caused** by bad character



Believe MOUD is substituting one drug for another



Shatterproof Addiction Stigma Index [https://www.shatterproof.org/node/29116?ea\\_tracking\\_id=dr-em-recmon\\_7-pros&referrer=&cid=](https://www.shatterproof.org/node/29116?ea_tracking_id=dr-em-recmon_7-pros&referrer=&cid=)



# Barriers to Effective SUD Treatment Experienced by People Living in Rural Areas

- Fewer treatment options
- Lack of educational resources
- Limited continuing education opportunities
- Lack of good facilities
- Challenges with transportation
- Distance of home from treatment facilities
- Reliance on friends or family for transportation
- Challenges in meeting housing/other ancillary needs
- Need for mental health, medical and dental services

# Drivers of Substance Use



# Changing Our Language

## LANGUAGE MATTERS

When words are used inappropriately to describe individuals with a substance use disorder, it not only negatively impacts the cultural perception of their disease, but creates stigma that can stop people from seeking help. Language matters. Let's replace terms like "addict" and "junkie" with smarter language that aligns with the science.

Say This	Not That
Person with a substance use disorder	Drug addict
In recovery	Clean
Currently using substances	Dirty
Substance use	Substance abuse
Not engaging with treatment	Bombed out
Positive drug screen	Dirty drug test
Medication assisted treatment (MAT)	Medication replacement, substitution therapy

<https://www.recoveryanswers.org/addiction-ary/>



Sources: JAMA: "Changing the Language of Addiction", Michael P. Botticelli, MEd  
Howard K. Koh, MD, MPH Language, Substance Use Disorders, and Policy: The need  
to Reach Consensus on an "Addiction-ary". John F. Kelly PhD, Richard Saitz MD &  
Sarah Wakeman MD

# Addressing Stigma Takes a Change on Multiple Levels

- Society sees addiction and people who use drugs in negative and stigmatizing ways.
- These attitudes are supported by experience.
- These views hold people out of care and reduce life expectancy.
- Seeing the person and not the disease is critical. That is why we say, “*A person who uses drugs.*” It puts the person first. If we talk to the that person, we have changed the expected interaction a positive way.

# **BREAKING THE CYCLE: TIPS FOR AVOIDING STIGMATIZING LANGUAGE**

# Language Audit

Perform a “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language.

## No. 2 Reflection

Critically reflect on the types of information you choose to disseminate (for example, an email alert) to ensure that you are doing so responsibly.

## No. 3 Message Bias

Are you unintentionally editorializing or adding commentary that would bias the message?



## No. 4 Opportunity

Every time you develop a prevention message, consider it as an opportunity to dispel myths and convey respect.

## No. 5 Maximize

Am I maximizing connection, worth, and community membership related to substance use?

## No. 6 Staff Training

Train staff on issues related to substance use and stigma, including the important negative health and community outcomes related to perpetuating stigma.

# Stephanie's Story



<https://www.youtube.com/watch?v=nOeYvIN9g0U>

# Meeting the Person Where They Are



# What if the Person is Reticent to Change?

- What do they want?
- Meet them where they are at
- Listen actively to find out what help they want
- Be non-judgmental and accepting
- Accept small changes; this can start the process
- What is the patient experience now?
- Show compassion and empathy
- Offer them the help that they are willing to accept in the moment



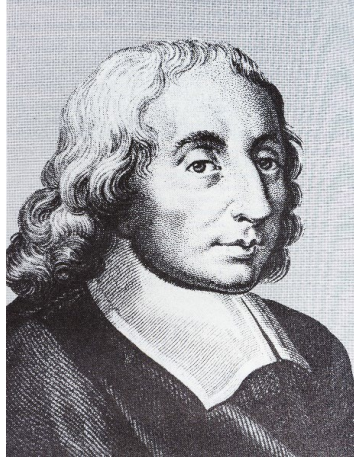
# Motivating Others through Our Conversation

Some basic techniques

# The Underlying Spirit of MI







Blaise  
Pascal

***“People are better persuaded  
by the reasons they  
themselves discovered than  
those that come into the minds  
of others”***

# Techniques to enhance motivation

These skills are very valuable with people experience a crisis from substance use, but can be applied in any situation (even with your spouse or children 😊)

**1. Open-Ended Questions:** Not a “yes” or “no”

**2. Reflective Listening:** Helps patients feel understood and can clarify their own thoughts.

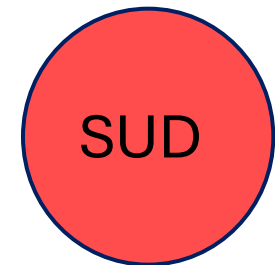
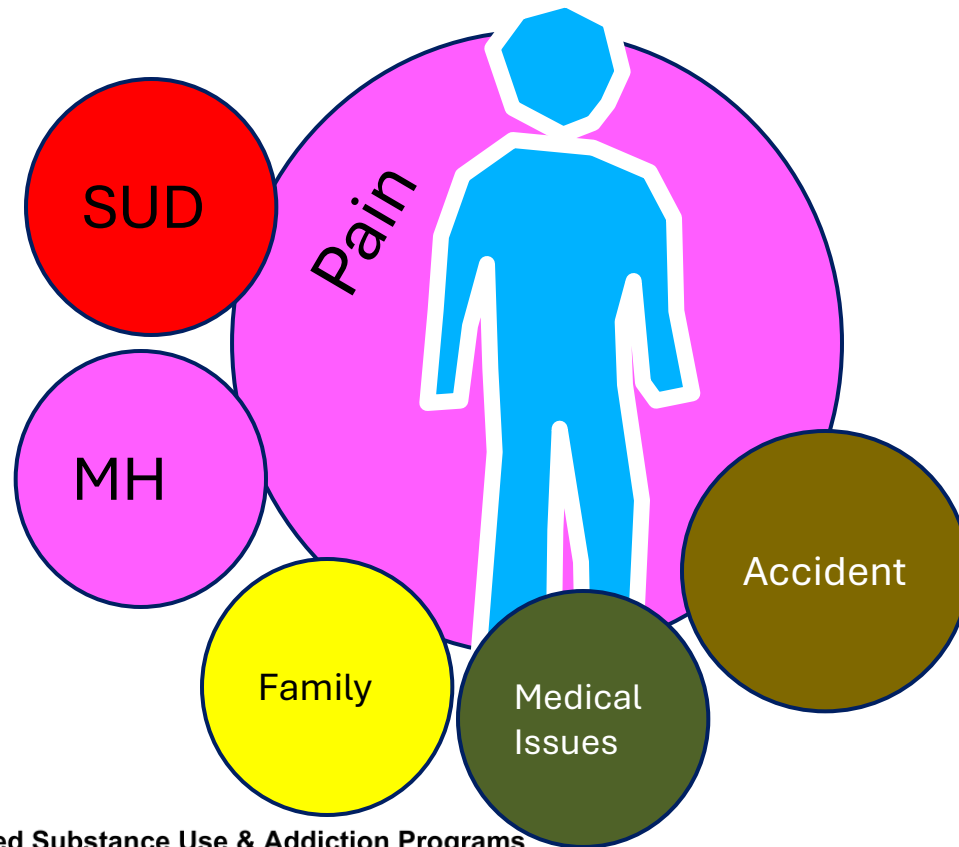
- It sounds like you're feeling really shaken up by what is happening.
- It seems like you're feeling hopeless and are struggling to see a way forward.
- It sounds like you're concerned about how this treatment might affect you, and that's making you hesitant to accept it.
- It sounds like you're worried about what might happen next

**3. Rolling with Resistance: Rolling with Resistance:** Acknowledge and explore resistance rather than opposing it. This skill combines use of reflections and open-ended questions

# Why Roll with Resistance?

- It gets the person **talking in a non-defensive way** and calms the situation
- It **allows you to hear** what the person wants
- It **increases engagement** and encourages them to move toward change
- It **alerts you to their concerns** and you may be able to address them while caring for them
- It gives the person as much **control in the situation** as possible
- It **makes you more effective** and leads to better outcomes

# What are we focusing on?



# Where is your focus?





# Helping People Make a Change

The Brief Negotiated Interview

# Key Features of the Brief Negotiated Interview

- **Brief and Structured:** Often takes between 5 to 15 minutes
- **Patient-Centered Approach** rather than being telling them what to do.
- **Collaborative Negotiation**
- **Motivational Enhancement:** Uses MI techniques
- **Focus on Behavior Change**
- **Evidence-Based**

# What are the Steps for the BNI?

- **Engage the patient**
- **Assess Readiness for Change**
- **Explore Motivations and Barriers**
- **Negotiate a Plan**
- **Provide Support and Follow-Up**



# Keeping the Positive Perspective, Even When It Looks Like Something Else

- Instead, we can see that the person is:
  - Doing what they think is necessary to **survive**.
  - Getting their **needs** met in a way that has worked for them in the past.
  - **Scared and overwhelmed** and having difficulty making decisions
  - **Mistrustful** of others, especially care providers due to their history
  - Feeling **threatened** and/or out of control.
  - Feeling **disconnected, alone and unheard**.
- Form a compassionate connection with them can change everything for them



# Discussion

Why do patients resist help?

# Resources

## CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

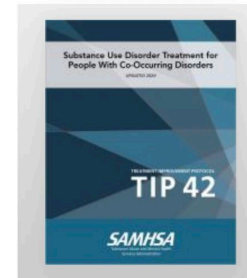


### Featured Webinar

Population Health Part 2: Measurement-informed Care

Register today! →

## TIP 42: Substance Use Treatment for Persons With Co-Occurring Disorders



This updated (March 2020) TIP is intended to provide addiction counselors and other providers, supervisors, and administrators with the latest science in the screening, assessment, diagnosis, and management of co-occurring disorders (CODs).

**Publication ID:** PEP20-02-01-004

**Publication Date:** March 2020

**Format:** [Guides and Manuals](#)

**More like this:** [TIP Series - Treatment Improvement Protocols \(TIPS\)](#)

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Get Started with a Free Consultation to Improve Integrated Health in your Community

[Contact Us](#)

SOURCE: <https://www.thenationalcouncil.org/program/center-of-excellence/>

**HELP**  
THOSE IN NEED**GIVE**  
OVERDOSE RESCUE**HOPE**  
FOR A LIFE SAVED

## Save a Life

Learn how to respond  
to an overdose  
emergency

Get Naloxone Now is an online resource to train people to respond effectively to an opioid-associated overdose emergency. Get Naloxone Now advocates for widespread access to overdose education and training in how to administer naloxone, the life-saving antidote for opioid-associated overdose. Get Naloxone Now seeks to increase the number of lives saved by bystanders and professional first responders (police officers, firefighters and EMTs). Find out how you can contribute to reducing overdose deaths by accessing our online training modules.

INDIVIDUALS-GET TRAINED!

INSTITUTIONAL PROGRAM

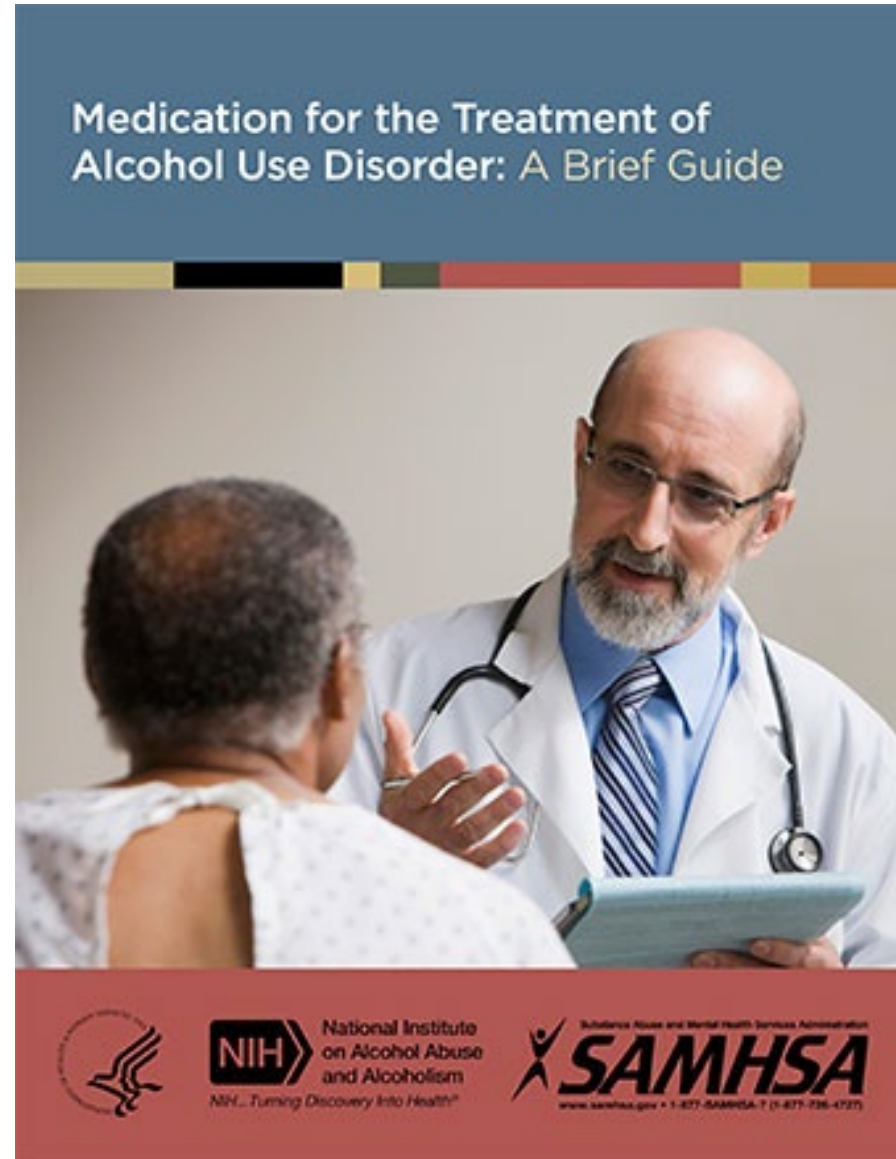
HOW CAN YOU HELP

# Visit: [www.getnaloxonenow.org](http://www.getnaloxonenow.org)

# Naloxone Resources

- SAMHSA:  
<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/naloxone>
- California DPH:  
<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/pages/naloxone.aspx>
- California DHCS Naloxone Distribution Project:  
[https://www.dhcs.ca.gov/individuals/Pages/Naloxone\\_Distribution\\_Project.aspx](https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx)

# SAMHSA





# Resources for Continued Learning

- ATTC Network's *Focus on Stimulant Misuse* Web Page:  
<https://attcnetwork.org/centers/global-attc/focus-stimulant-misuse>
- *Evidence-Based Resource Guide Series: Treatment of Stimulant Use Disorders*:  
<https://store.samhsa.gov/product/Treatment-of-Stimulant-Use-Disorder/PEP20-06-01-001>
- Northwest ATTC's *Contingency Management for Healthcare Settings Self-Paced Online Course*:  
<https://healthknowledge.org/course/search.php?search=Contingency+Management>
- *Treatment for Stimulant Use Disorders* (TIP 33 Update):  
[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-02-01-004.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-004.pdf)



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# What Questions Do You Have?

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