# Reducing Stigma by Unmasking Unconscious Bias

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## A. Abstract

Numerous studies have shown that healthcare providers harbor negative perceptions of patients with substance use disorders (SUDs) (Crapanzano et al., 2019; van Boekel et al., 2013). These perceptions deter patients from engaging with treatment, and internalized self-stigma stemming from healthcare providers can reduce self-efficacy and negatively impact recovery (Brener et al., 2010; Crapanzano et al., 2019; Mak et al., 2017). The high prevalence of SUDs indicates that students will likely encounter patients affected by SUDs irrespective of what medical specialty they choose to pursue. Accordingly, to provide best care for those who suffer from SUDs, it is essential for all medical students be provided training on the stigmatization of SUDs along with standard therapeutics.

This addiction education curriculum provides highly relevant, impactful learning that will enlighten students' perceptions of SUDs that will benefit future care. This novel, interdisciplinary training experience for Fourth Year medical students includes unmasking students' unconscious bias and orienting learners towards actively reducing SUD stigma present in modern health systems.

## B. Educational Objectives

As a result of this learning session, medical students will:

- Recognize personal unconscious bias surrounding SUDs.
- Identify knowledge gaps surrounding SUDs.
- Define the practical, evidence-based strategies and goals of harm reduction.
- Define stigma and recognize its effects on individuals and communities.
- Summarize how healthcare professionals' unconscious bias is perceived by patients affected by SUDs and understand how this impacts the patient experience.

## C. Overview

At Rush University Medical Center (RUMC), faculty from Addiction Medicine (Ruchi Fitzgerald, MD, Fellowship Director) and the Center for Compulsive Behavior and Addiction (T Celeste Napier, PhD, Center Director) have pioneered stigma training lectures for medical students and found these to be extremely well-received. This curriculum provided an opportunity for student leadership in this endeavor (Emma Klug, medical student), with the goal of implementing several novel approaches targeted to the context and life experiences of medical students. Also engaged was a medical education expert (Adam Wilson, PhD) who consulted on training evaluation and Live4Lali, a local not-for-profit organization that has developed several

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programs focusing on SUD harm reduction. Content is provided in a single, 2-hour synchronous meeting on Zoom, driven by group dialogue and stigma didactics facilitated by trained health educators with lived SUD experiences.

This program will follow the New World Kirkpatrick Model of training evaluation. For the COPE-sponsored phase of the program, the focus is on Level 1-Reaction and Level 2–Learning. (Future endeavors will allow for Levels 3 and 4, as these are better addressed with long-term follow ups.) To do so, students will complete a pre-intervention survey prior to the synchronous session to assess learners' existing attitudes regarding SUDs using a Likert scale (see Appendix A). Learners will complete a post-intervention survey at the conclusion of the session to assess changes in attitudes

## D. Curriculum and Assessment

The learning objectives will be provided via PowerPoint presentation at the beginning of the synchronous session. Students' prior knowledge about stigma as it relates to SUDs will be ascertained by a pre-survey that must be completed before students can join the synchronous Zoom session. The pre-survey questions will challenge students to consider their prior experiences and current attitudes towards SUDs. Pre-survey questions will act to evaluate unconscious bias held by learners prior to the session. Data from the pre-survey will be presented to the class at the beginning of the synchronous session. This will inform participants of the group's baseline attitudes towards SUDs, reveal any unconscious biases held at baseline, and direct the group to areas for improvement.

Trained community health educators with lived experience with SUDs will share their personal experiences and the role of stigma in their interactions with the healthcare system. Learners will have an opportunity to ask questions of the speakers, and to engage in a dialogue about their role as physicians in reducing the harms associated with stigma.

**Content**

*Pre-survey*

The pre-survey is provided prior to the synchronous session to evaluate baseline attitudes towards SUDs. The survey must be completed for learners to enter the synchronous Zoom session. (Appendix A)

*Background*

Course content begins with a brief background discussion on the impact of unconscious bias on the delivery of care to patients with SUDs. Then learners are presented with the group's responses to the pre-survey questions completed prior to the synchronous session that evaluated baseline attitudes towards SUDs.

*Harm Reduction & Lived Experience Stories*

Trained health educators from a local organization provide an introduction to the principles and practices of harm reduction, as well as the services their organization provides to the community. Next, as persons in long-term recovery from SUDs, they share their own experiences with stigma in healthcare settings. This is followed by a question-and-answer session with learners, and a dialogue about the role of physicians in reducing the harms associated with stigma.

*Stigma Didactic*

Trained health educators provide a didactic presentation on stigma as a social phenomenon and its consequences for individuals and communities. (Appendix B)

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*Small Group Discussion*
Learners are divided into breakout rooms facilitated by local organization educators and medical school faculty. Small group discussion is guided by the following prompts:

- When have you experienced stigma, and what were the circumstances?
- When have you witnessed someone publicly being stigmatized?
- Have you stepped in when witnessing stigma, and/or improper language, and how did you handle the situation?

Each group identifies one burning reflection or statement from their conversation and appoint a member who then reports to the larger group.

*Language*
Educators from a local organization provide a didactic presentation on the power of language, including the concept of "person-first" language as it relates to SUDs and emphasize the importance of avoiding the use of stigmatizing language as healthcare professionals. The educators also provide personal stories of how stigmatizing language has affected them in the past, and how it continues to affect them as persons in long-term recovery.

*Misconceptions & Misrepresentations*
Educators provide a didactic presentation on common misconceptions and misrepresentations of SUDs. How the use of stigmatizing language perpetuates these false beliefs about the etiology of SUDs and the experience of those affected by SUDs will be discussed. Data gathered from the pre-survey will be incorporated into the didactic to draw connections between common misconceptions and misrepresentations and the group's attitudes prior to the session.

*Changing stigma*
Actionable steps on how to actively work towards dismantling stigma are presented. Group dialogue on areas of personal improvement is encouraged.

*Post-survey*
Learners will be required to complete a post-survey at the conclusion of the synchronous session. (Appendix A)

**Assessment**
Students complete a post-survey at the conclusion of the synchronous session. To ensure the survey items have internal consistency a Cronbach's alpha coefficient may be computed. Changes in pre- and post-survey responses may be analyzed using descriptive statistics and the Cochran-Mantel-Haenszel statistic.

Changes in perception will be shared with learners following the synchronous meeting. Post-survey results will be sent to students in the week following the synchronous session. Learners will receive the results of their pre- and post-surveys to note any personal changes in attitudes. They will also receive the pre- and post-survey results of the group as a whole to note any group changes in attitudes as a consequence of the intervention. Learners will provide feedback on the curriculum to the planners via a post-session evaluation at the end of the synchronous session.

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# Appendix A

**Pre- and Post-Session Survey: Substance Use Disorder Stigma**

Use the scale below to rate your degree of agreement or disagreement with each of the following items regarding patients with opioid use disorder. *

| | Strongly Disagree | Disagree | Not sure but probably Disagree | Not sure but probably Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| Working with patients like this is satisfying. | | | | | | |
| Insurance plans should cover patients like this to the same degree that they cover patients with other conditions. | | | | | | |
| There is little I can do to help patients like this. | | | | | | |
| I feel especially compassionate toward patients like this. | | | | | | |
| Patients like this irritate me. | | | | | | |
| I wouldn't mind getting up on call nights to care for patients like this. | | | | | | |

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| | | | | | | |
|---|---|---|---|---|---|---|
| Treating patients like this is a waste of medical dollars. | | | | | | |
| Patients like this are particularly difficult for me to work with. | | | | | | |
| I can usually find something that helps patients like this feel better. | | | | | | |
| I enjoy giving extra time to patients like this. | | | | | | |
| I prefer not to work with patients like this. | | | | | | |

**Please answer the following to the best of your ability pertaining to your experience with people who use drugs and alcohol:**

**When I began medical school, I anticipated that I would be working with patients who had substance usedisorder: ***

( ) Yes

( ) No

( ) I'd Prefer Not to Say

**I have been personally affected by addiction (myself or someone I love) ***

( ) Yes

( ) No

( ) I'd Prefer Not to Say

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**Please indicate how much you agree or disagree with the following statements: ***

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| People who use drugs are not that worried about dying. | | | | |
| I feel uncomfortable working with people who use drugs. | | | | |
| People who use drugs have an interest in keeping themselves safe. | | | | |
| I feel that I can positively impact the recovery process for patients with substance use disorder. | | | | |
| If they had really wanted it and worked for it, most people with substance use disorder could have gotten sober. | | | | |
| Consequences of drug use like arrest, prison time, | | | | |

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| | | | | |
|---|---|---|---|---|
| and loss of family support can be helpful for people who use drugs. | | | | |
| I feel comfortable educating patients on their options for medication for opioid use disorder. | | | | |
| I think syringe exchange programs should be government funded. | | | | |
| I feel comfortable talking to patients about safer drug injection practices. | | | | |
| Doctors have a good understanding about how to work with patients with substance use disorders. | | | | |

**Please sort the following terms into the categories "likely to use to with a patient," "unlikely to use with a patient," or "unsure if I would use with a patient."**

**Terms:**

Addict
Substance use disorder
Substance dependence
Substance or drug abuser
Baby with neonatal abstinence syndrome
Alcoholic
Abstinent from drugs
Clean
Dirty
Person who uses drugs
Habit
Addicted baby

| Likely to use with a patient | Unlikely to use with a patient | Unsure if I would use with a patient |
|---|---|---|
| | | |

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# Appendix B

PowerPoint
"The Power of Language"

LIVE 4 LALI

# THE POWER OF LANGUAGE

Laura Fry, Executive Director
Alex Mathiesen, Associate Director of Programs
Michelle Kavouras, Program Manager

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# Today's Agenda

9-9:10 AM – Welcome, presentation goals and introduction to Live4Lali (slides 1-7)
9:10-9:30 AM – Michelle & Alex share personal stories (slide 8)
9:45-9:50 AM - Questions
9:50-10:00 AM – What is Stigma? (slides 10-15)
10:00-10:10 – Break Out Session - how have you experienced stigma?
10:10-10:20 - Take a Break
10:20-10:25 - Breakout Session Discussion (slide 18) 10:25 -
10:30 - Words to use, and not use (slides 19-22)
10:30-10:35 - Video - Addiction & Mental Health Conference (slide 23)
10:35 - 10:45 - Myths, Misconceptions and Breaking the Cycle (slides 24-31)
10:45 - 11:00 - Wrap Up, Q&A

Housekeeping Rules: please keep yourself on mute, and off camera. Too many people with video on decreases the bandwidth and makes the presentation lag.

# Presentation Goals

- To understand that substance use and mental health problems know no bounds and can enter someone's life anywhere at any time
- To realize that people with substance use and mental health problems can and do recover, and continue to enrich society with their contributions.
- To recognize our own preconceived ideas about substance use and mental health disorders. People living with substance use and/or mental health disorders make many important contributions to society.
- People can recover from co-occurring substance use and mental health problems. Society must learn to look beyond the label and see a person with strengths, talents and wisdom.

# Our Vision

A world in which we prevent substance use disorder when we can and offer compassionate  support to reduce harms among individuals, families, and communities when we cannot.

# Our Mission

Live4Lali works to reduce stigma and prevent substance use disorder among individuals, families,  and communities, and minimize the overall health, legal and social harms associated with substance use.

# Focus Area Goals

**EDUCATION**

Increase knowledge of drug trends, substance use disorder, and harm reduction through educational programs for the general public, people who use substances, impacted families, and professional groups.

**ADVOCACY**

Influence the public and private sectors regarding: (1) substance use disorder treatment, (2) harm reduction strategies,(3) drug policy reform by amplifying the needs, voices and experiences of impacted individuals, families, and communities.

**PEER-TO-PEER SUPPORT**

Assist impacted individuals and families through services that increase social support, enhance resilience, and strengthen positive health and behavioral change.

**HARM REDUCTION**

Promote health and harm reduction at the individual, family and community levels.

# Harm Reduction Outreach

During COVID-19, we offer a drop-off service with flexible hours to accommodate requests for safe supplies, and naloxone across the Chicagoland suburbs.

Services include:

- Naloxone (intramuscular vial and syringe) and fentanyl test strips
- Safe injecting supplies
- Safe snorting supplies
- Safe smoking supplies
- Safe sex supplies

For those in need of safe supplies or naloxone, we are asking you to do the following:

- Text or call 224-297-4393, or email Bella at bella@live4lali.org
- An outreach worker will be in touch with next steps

# Treatment and Recovery Resources

Live4Lali offers comprehensive peer to peer coaching services that include any, or all of the below:

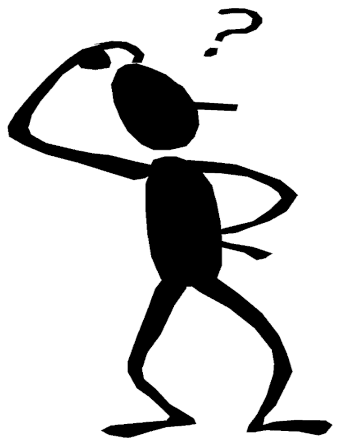
- Treatment Navigation
- Harm Reduction Services
- Linkage to Medical Treatment
- One on One Individual and Family Coaching
- Safe Use and Relapse Prevention Contracts
- Knowledge of Multiple Pathways to Recovery, complete with meeting referral
- A Friend in the Storm

# Tales from the Front Lines:
# Alex & Michelle

Associate Director of Programs
Program Manager Alex Mathiesen

Michelle Kavouras

# Questions?



# WHAT IS STIGMA

## Stigma is:

- A complex idea that involves attitudes, feelings and behavior
- A word referring to the negative “mark” attached to people who possess any attribute, trait or disorder that marks that person as different from “normal” people. This “difference” is viewed as undesirable and shameful, and can result in people having negative attitudes and responses (prejudice and discrimination) toward another person.

# MULTI-LAYERS OF STIGMA

Not only do people who live with the co-occurring disorders of mental health and substance use disorder experience stigma driven prejudice and discrimination, other factors could add additional layers, such as:

- ❖ Ethnicity
- ❖ Race
- ❖ Religion
- ❖ Sexual Orientation

- ● Invisible or visible disabilities
- ● Gender
- ● Economic status
- ● Age

# Effects of Stigma

When people are experiencing difficulty in their lives because of co-occurring substance use and mental health problems, it is often hard for them to reach out for help because of the stigma and discrimination associated with both of the co-occurring problems. They worry that people will learn about their situation and react negatively, perhaps as family and friends have, leading them to put a great deal of energy into keeping problems to themselves. People experience prejudice and discrimination because of the negative stereotypes associated with such labels as "alcoholic," "addict," "crazy," "insane," etc.

What do you think are some
of the effects of stigma?
Please type your answer into the chat box.

# EFFECTS OF STIGMA

- prejudice and discrimination (in medical care, housing, employment)
- negative feelings about self (self-stigma); for example, believing the
- negative stereotypes generated by society and media messages
- tendency to avoid seeking help, and to keep symptoms and substance use a secret social isolation and/or constricted social support network
- poverty
- depression
- loss of hope for recovery
- suicide

Source: Beyond the Label, Centre for Addiction and Mental Health 33 Russell Street Toronto, ONM5S 2S1 Canada

# The effects of stigma

Stigma erodes confidence that substance-related disorders are valid and treatable health conditions. It leads people to avoid socializing, employing, working with, renting to, or living near persons who have substance-related problems or histories.

Stigma stops people from seeking treatment because of the fear that they will not be treated with respect or dignity within the treatment system. Powerful and pervasive, stigma prevents people from acknowledging their substance use problems, much less disclosing them to others.

An inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation, and hopelessness.

# Stigmatized Conditions

For people with a substance use disorders, stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders from getting the help they need. It can also prevent caregivers and others in the position to help from providing needed services, including medical care.

Consider the following:

- Substance use disorder is among the most stigmatized conditions in the US and around the world.
- Health care providers treat patients who have substance use disorders differently.
- People with a substance use disorder who expect or experience stigma have poorer outcomes

# BREAK OUT ROOMS

10 minutes!

Discuss instances where you have witnessed, or been personally impacted by a stigmatizing situation

- When have you experienced stigma, and what were the circumstances?
- When have you witnessed someone publicly being stigmatized?
- Have you stepped in when witnessing stigma, and/or improper language, and how did you handle the situation?

# Take a Break!

# Breakout Session Discussion Debrief

- When have you experienced stigma, and what were the circumstances?
- When have you witnessed someone publicly being stigmatized?
- Have you stepped in when witnessing stigma, and/or improper language, and how did you handle the situation?

# Words to use, and not use

**Words to avoid:**

- Addict
- Alcoholic
- Drug problem, drug habit
- Drug abuse
- Drug abuser
- Clean /Dirty
- A clean drug screen
- A dirty drug screen
- Former/reformed addict/alcoholic
- Opioid replacement

**Words to use:**

- Person with substance use disorder
- Person with alcohol use disorder
- Substance use disorder
- Drug misuse, harmful use
- Person with substance use disorder
- Abstinent, not actively using
- Actively using
- Testing negative for substance use
- Testing positive for substance use
- Person in recovery
- Medications for addiction treatment

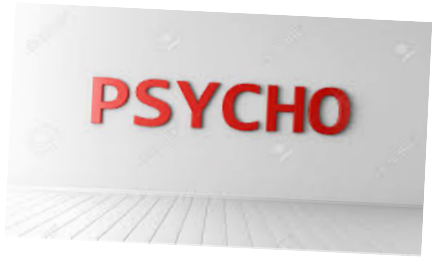
# “STICKS & STONES MAY BREAK MY BONES, BUT WORDS WILL NEVER HURT ME.”

Might be an old adage, implying that words cannot cause harm, however, words can truly be weapons that can hurt people, especially when those words serve to reinforce misconceptions and misrepresentations of already heavily stigmatized medical conditions, like mental health and substance use disorders.

# WORDS CAN WOUND

Common words used when discussing substance use disorder, or mental health:





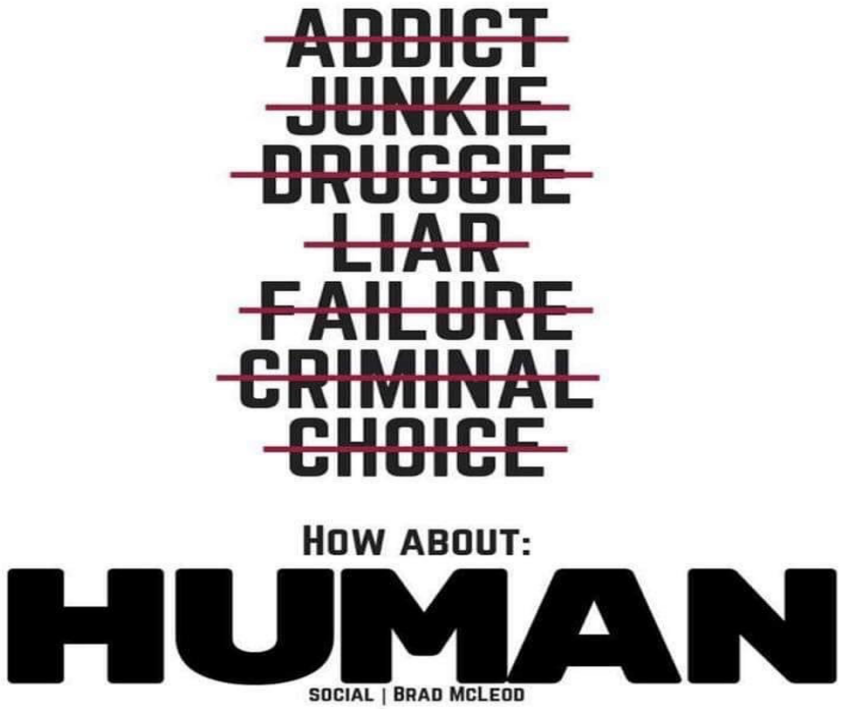




# PERSON FIRST LANGUAGE

**People-First Language** emphasizes the **person**, not the disability, illness, or disorder.

By placing the **person first**, the disability is no longer the primary, **defining** characteristic of an individual, but one of several aspects of the whole **person**.




https://youtu.be/tT9Ht7t1LGs

## MISCONCEPTIONS & MISREPRESENTATIONS

### CHOICE

implies that suffering from a substance-related condition is a moral failure, or a character flaw are perceived to be "doing it to themselves", "indulging", or "engaging in willful misconduct."

### TRUTHS:

people do choose initially to try a substance, however, brain changes involved in substance use disorder, evolve into people who are using the substance against their will and despite suffering terrible personal consequences directly resulting from use.

# M & M's

## ABUSE/ABUSER/ADDICT

- Found to negatively affect perceptions and judgments about people with substance use disorders
- Indicates that they should receive punishment rather than medical care for their disease
- More likely to be socially threatening, more to blame for their substance related difficulties
- Use person first language, instead of labeling

# M & M's

## Stereotypes

### Dangerousness & Unpredictability:

- People with substance use disorders, in particular, are viewed by the public as weak-willed
- Among health professionals, negative attitudes toward people with substance use disorders increased over time during which they would have had more contact with people with those disorders
  - Several factors may explain why contact with people with mental and substance use disorders sometimes deepens stigma, including the affected individuals' symptom severity and stage of recovery
- Stereotypes of dangerousness can influence public policy in terms of restricting the rights of persons with behavioral disorders Stereotypes of violence and unpredictability are associated with higher levels of public stigma toward people with mental illness People with substance use disorders are considered even more dangerous and unpredictable than those with schizophrenia or depression
- Belief that a substance misuser's illness is a result of the person's own behavior can also influence attitudes about the value and appropriateness of publicly funded alcohol and drug treatment and services

Source: National Institute of Health Study; Ending Discrimination Against People with Mental and Substance Use Disorders

# M & M's

## Alcoholic/Junkie/Tweaker/Dope Fiend

Remember "Person First" language.

A **person** with:

- Alcohol use disorder
- Opioid/Heroin use disorder
- Methamphetamine use disorder

or….Substance Use Disorder to replace all labels

# M & M's

## CLEAN/DIRTY

Often used to describe a urine drug screen.

Instead use:

- Negative or positive for substance use
- Currently using substances,
- Not currently using substances
- Abstinent

# M & M's

"A person needs to hit "rock bottom" for treatment to work"

There is no concrete definition for "rock bottom"

- Can significantly influence the perceptions and behaviors of family members and treatment professionals towards the individual.
- Suggests that everyone, including the person using alcohol and drugs, is powerless to assist the substance user until they have arrived at this supposed "rock bottom."
- Affects the expectations of the user towards him or herself.
- Can propel a counterproductive course of action or may discourage any action at all.
- The "rock bottom" theory would imply that treatment will not be effective until most or all of these resources are damaged or lost completely.
- People who get help before their illness is so severe have more resources to draw upon, such as supportive family or a job

# Breaking the Cycle:
# Tips for Avoiding Stigmatizing Language

- Perform a "language audit" of existing materials for language that may be stigmatizing, then replace with more inclusive language.
- For example, using the search and replace function for electronic documents:
  - search for "addict" and replace with "person with a substance use disorder," or search for "abuse" and replace with "use" or "misuse."
  - Make sure to review both internal documents (mission statements, policies) as well as external ones (brochures, patient forms).

# Checking Yourself:
## Are you perpetuating SUD Stigma?

How can you tell if your messages are stigmatizing?
Consider these five questions:

1. Are you using “person first” language?
2. Are you conflating substance use and substance use disorder?
3. Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
4. Are you using sensational or fear-based language?
5. Are you unintentionally perpetuating drug-related moral panic?

# WHERE DO LABELS GO?


Lose the Label
Promoting person first language


Q&A
When?
Why?
How?
WHAT?
WHERE?
WHEN?
HOW?
WHO?
Where?
What?

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