

# Stigma and Why it Matters



Presented by:

Tanya Vadala, PharmD

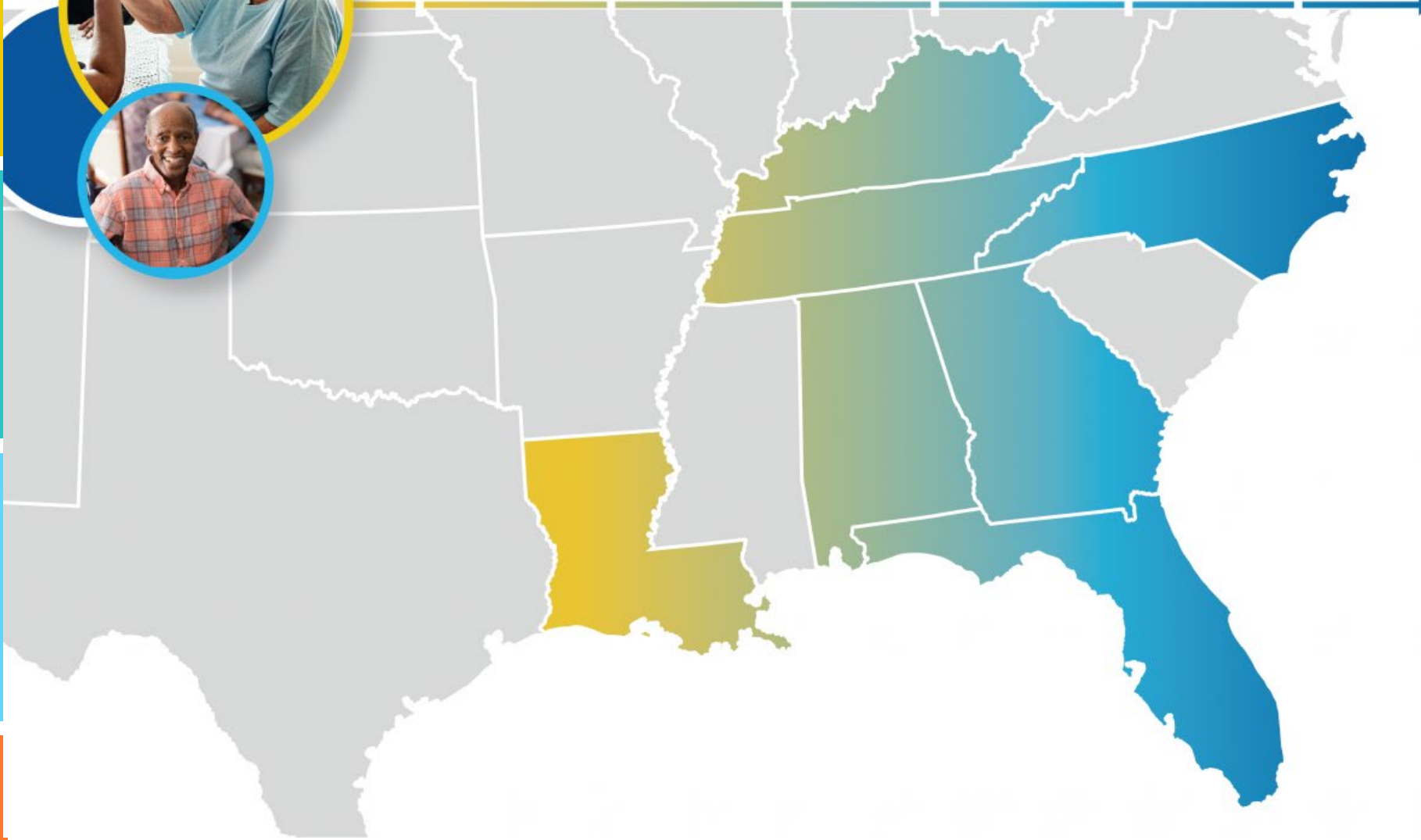
Sherry Barnett, BSN, MSN, FNP-BC

March 15, 2022

 **ALLIANT**  
HEALTH SOLUTIONS

**QIN-QIO**  
Quality Innovation Network -  
Quality Improvement Organizations  
CENTER FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

# Making Health Care Better *Together*



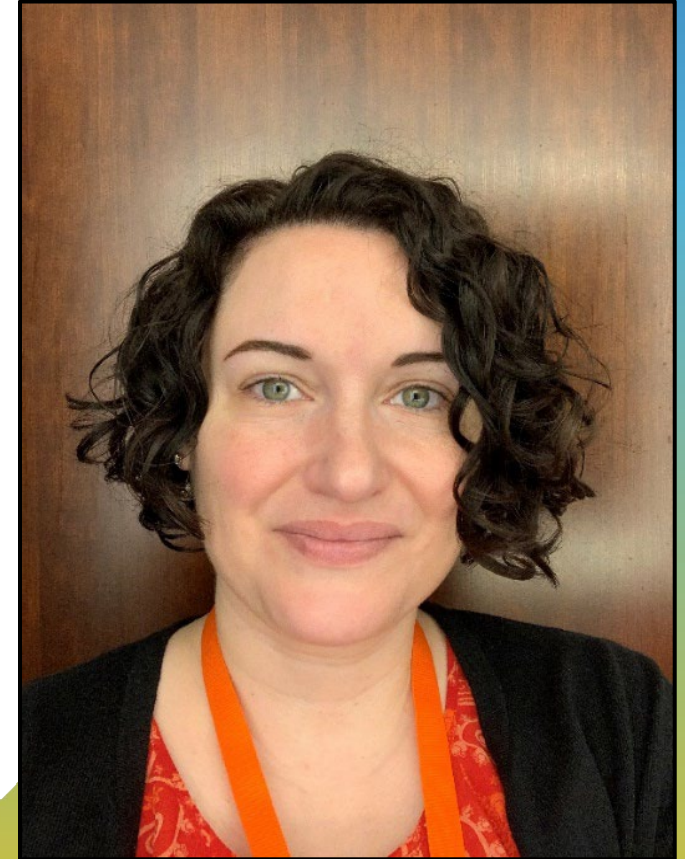
## About Alliant Health Solutions

# Tanya Vadala, PharmD

## MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 18 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, N.Y. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

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# Sherry Barnett, BSN, MSN, FNP-BC


## REGIONAL OVERDOSE PREVENTION SPECIALIST

Sherry Barnett is a nurse practitioner with over 20 years in health care and more than seven years of sobriety. After a loss of licensure, a prison stint and numerous other barriers, Sherry is now a nurse practitioner and regional overdose prevention specialist with the Sullivan County Anti-Drug Coalition.

She is also a harm reduction activist and educates others on numerous topics, including overdose awareness and Naloxone administration, harm reduction, stigma reduction, and provides life-saving Naloxone to communities. Sherry shares her story and how one can relate to others suffering from substance use disorder. In addition, Sherry promotes the education of adolescents, youth and adults on harm reduction and life-saving measures.

She is a certified peer recovery specialist and will be starting graduate school again to obtain a Post Master's Certificate as a primary mental health nurse practitioner in correlation with starting her doctorate.





# DECREASING STIGMA AND BIAS IN SUBSTANCE USE DISORDER

SHERRY BARNETT, BSN, MSN, FNP-BC  
REGIONAL OVERDOSE PREVENTION SPECIALIST

# WHAT IS THE DIFFERENCE?

While both describe negative attitudes, beliefs and stereotypes about people, *bias tends to describe individual beliefs*, whereas *stigma applies to societal labels and stereotypes*



Addict

Druggie

Failure

Lowlife

Criminal

Disgrace

Worthless

Loser

Weak

Junkie

Disgusting

Liar

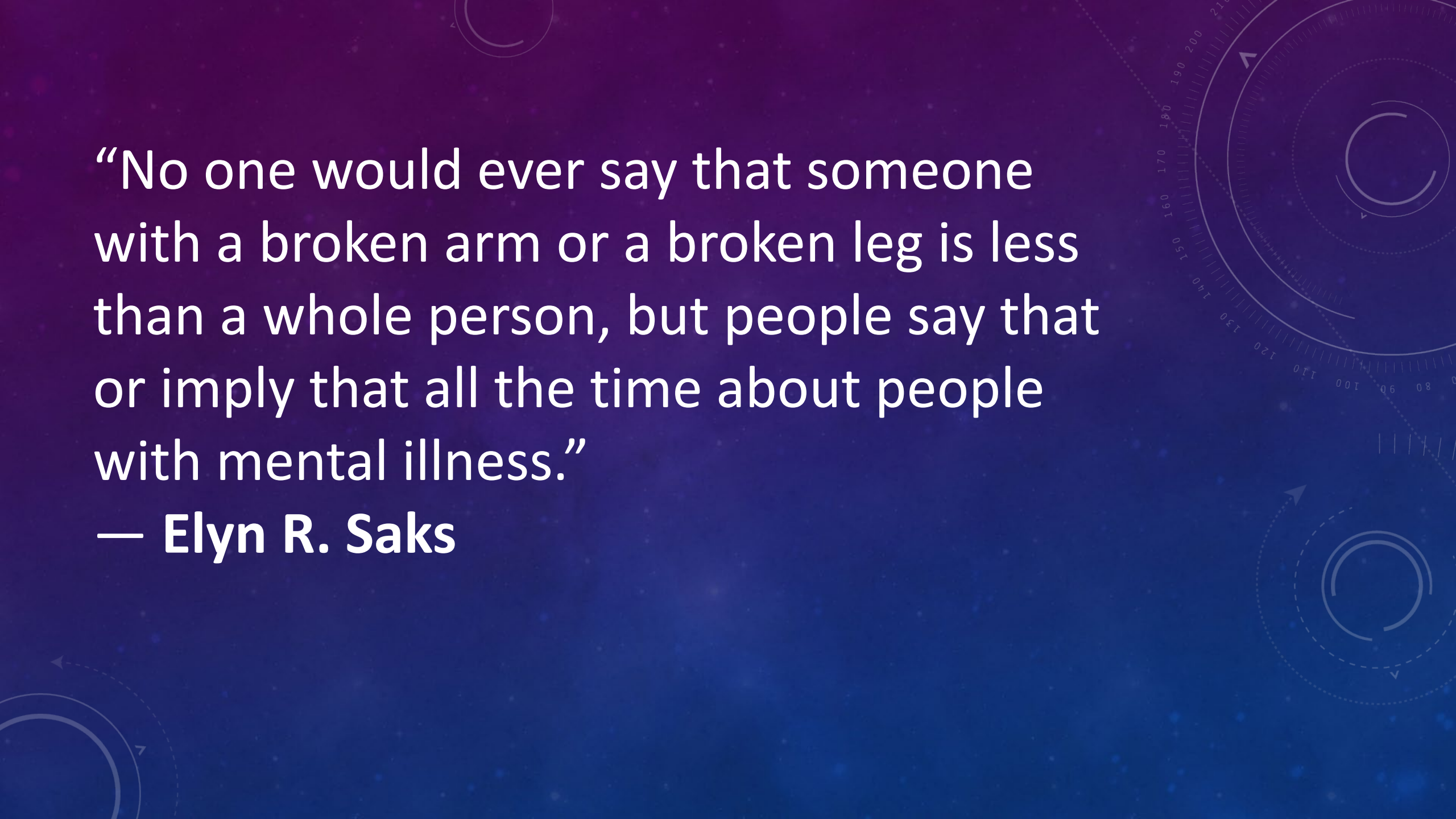
Ecstasy



# FACTORS THAT INFLUENCE STIGMA

- Blame
  - People with substance use disorders are generally considered to be more responsible for their conditions than people with depression, schizophrenia, or other psychiatric disorders
- Stereotypes of dangerous and unpredictability
  - Americans are more likely to believe in the dangerousness of people with mental illness than are citizens of other developed, industrialized nations
- Knowledge about substance use about mental and substance use disorder
- Contact and experience
- Media portrayal
- Race, ethnicity and culture





“No one would ever say that someone with a broken arm or a broken leg is less than a whole person, but people say that or imply that all the time about people with mental illness.”

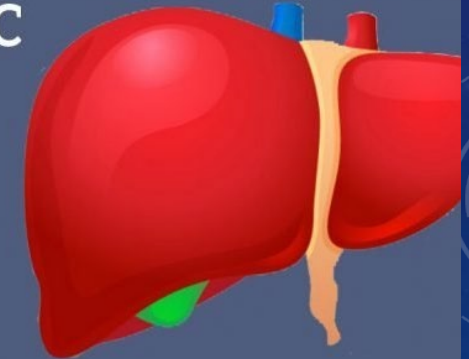
— **Elyn R. Saks**

# HEALTH-RELATED STIGMA

Describes a socio-cultural process in which *social groups are devalued, rejected and excluded based on socially discredited health condition.*



You Need to Know About Hepatitis C



# DIFFERENT WAYS STIGMA MANIFESTS

**Self:** subjective process that is characterized by *negative feelings about self, maladaptive behavior*, identity transformation or stereotype endorsement resulting from an individual's experience, perceptions, or anticipation of negative social reactions based on a stigmatized social status or health condition.



# DIFFERENT WAYS STIGMA MANIFESTS

**Social:** the phenomenon of large social groups endorsing stereotypes about and *acting against a stigmatized group*



## DIFFERENT WAYS STIGMA MANIFESTS

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**Structural:** rules, policies and procedures of institutions that *restrict the rights and opportunities for members of stigmatized groups*

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**Example:** *negative attitudes and behaviors of representatives of public institutions, such as those individuals that **work in health care and criminal justice***

# SUBSTANCE USE DISORDERS AND STIGMA

The relationship between stigma and substance use disorders can manifest differently from that of other stigmatized health conditions, thereby complicating efforts to build social acceptance of people with substance use disorders

# STIGMA

USED AS A TOOL TO  
DISCOURAGE AND  
MARGINALIZE  
UNHEALTHY  
BEHAVIORS SUCH  
AS PROBLEMATIC  
SUBSTANCE USE

# STIGMA

*Regarding certain behaviors (substance use during pregnancy) and groups (injection drug users) are widely accepted, culturally endorsed, and enshrined in policy (criminal law).*



# SUBSTANCE USE BEHAVIORS

- Linked symbolically to a range of other stigmatized health conditions
  - HIV/AIDS
  - Hepatitis C
  - Mental Illness
- Unsafe behaviors
  - Impaired driving
- Social problems
  - Poverty
  - criminality

# STIGMA

- These negative stereotypes guide social action, public policy and the allocation of health-care expenditures
- The fact that stereotypes about substance use disorders have a small degree of accuracy, creates challenges for counteracting stigma

# ISSUES

- Substance use disorders are often treated as a ***moral and criminal issue***
- Illegal substances are perceived more negatively than legal substances
- Particular substances (heroin) has not only been deemed deserving of social disapproval and moral condemnation, but society has also defined such behaviors as crimes



# ISSUES

- ***Criminalization of substance-using behaviors exacerbates stigma*** and produces exclusionary processes that deepen the marginalization of people who use illegal substances.
- The social processes and institutions that are created to control substance use may, in actuality, contribute to its continuance

# DETRIMENTAL EFFECTS OF STIGMA

- Acute and far reaching
- Exacerbates social alienation
- Adversely impacts all domains of life
  - Employment
  - Housing
  - Social relationships

# DETRIMENTAL EFFECTS OF STIGMA

- ***Contributes to a host of adverse outcomes***
  - Poor mental and physical health
  - Non completion of substance use treatment
  - Delayed recovery and reintegration processes
  - Increased involvement in risky behavior

# INTERVENTIONS

- Self Stigma
  - Acceptance and Commitment Therapy
  - Skills training and vocational counseling program
  - Bettering physical attributes
    - Lost teeth
    - Injection site scar removal

# INTERVENTIONS

- Social Stigma
  - **Education** that focused on the general public's attitudes towards substance use disorders
    - Educational factsheets
    - Leaflets with photographs depicting positive stories of people with substance use disorders in recovery
    - Motivational interviewing



# INTERVENTIONS

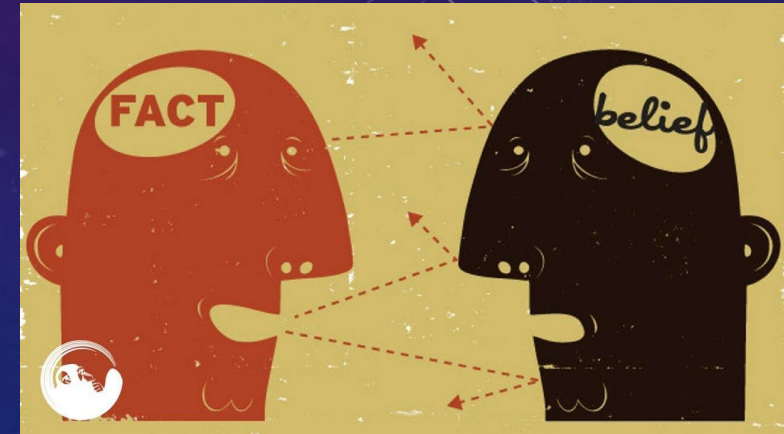
- Structural
  - Interventions were designed to improve attitudes of medical students towards people with substance use disorder
    - **Educational** critical reflection techniques
    - Programs comprised of structured **education** and direct contact with people who have substance use disorder

# INTERVENTIONS

- Structural
  - Targeted attitudes of police officers
    - Crisis Intervention Team
    - Substance use counselors
      - Acceptance and Commitment Training
      - Multi Cultural Training

# BIAS

- A bias is a tendency, inclination, or prejudice toward or against something or someone.
- Some biases are positive and helpful—like choosing to only eat foods that are considered healthy or staying away from someone who has knowingly caused harm.
- But biases are often based on stereotypes, rather than actual knowledge of an individual or circumstance.
- Whether positive or negative, such cognitive shortcuts can result in prejudgments that lead to rash decisions or discriminatory practices.



# TYPES OF BIAS

## *Confirmation Bias*

Ostrich approach-head in the sand: tendency to listen more often to information that confirms our existing beliefs. Through this bias, people tend to favor information that reinforces the things they already think or believe.

## *Hindsight Bias*

the tendency to see events, even random ones, as more predictable than they are. It's also commonly referred to as the "I knew it all along" phenomenon.

## *Anchoring Bias*

tendency to be overly influenced by the first piece of information that we hear.

## *Misinformation Effect*

tendency for memories to be heavily influenced by things that happened after the actual event itself



We tend to **accept information that confirms our prior beliefs and ignore or discredit information that does not.** This confirmation bias settles over our eyes like distorting spectacles for everything we look at.

• [Kyle Hill](#)

# TYPES OF BIAS

## *Actor-Observer Bias*

tendency to attribute our actions to external influences and other people's actions to internal ones

## *The False Consensus Effect*

tendency people have to overestimate how much other people agree with their own beliefs, behaviors, attitudes, and values.

## *Halo Effect*

tendency for an initial impression of a person to influence what we think of them overall.

## *Self Serving Bias*

tendency for people tend to give themselves credit for successes but lay the blame for failures on outside causes.

# TYPES OF BIAS

## *Availability Heuristic*

tendency to estimate the probability of something happening based on how many examples readily come to mind

## *Optimism Bias*

tendency to overestimate the likelihood that good things will happen to us while underestimating the probability that negative events will impact our lives. Essentially, we tend to be too optimistic for our own good.

# HOW DO WE RESOLVE BIAS

- Take the Implicit Association's Test. <https://implicit.harvard.edu/implicit/>
- Identify situations in which your implicit biases impact your behavior
- Try to be friendlier and act less threatened when interacting with people you perceive as different.
- Become aware of your "positive stereotypes."
- Hang out with people who have better attitudes than you.
- Expose yourself to media that aims to break down prejudice and discrimination.



It's not really a question of  
who is biased, but which  
bias is the correct bias with  
which to be biased!

Jonathan Sarfati

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# RESOURCES

- Committee on the Science of Changing Behavioral Health Social Norms; Board on Behavioral, Cognitive, and Sensory Sciences; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine. Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Washington (DC): National Academies Press (US); 2016 Aug 3. 2, Understanding Stigma of Mental and Substance Use Disorders. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK384923/>
- <https://nida.nih.gov/drug-topics/stigma-discrimination>
- <https://www.socialtalent.com/blog/diversity-and-inclusion/9-types-of-bias>

**Questions?**



# CMS 12<sup>th</sup> SOW Goals



## Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



## Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings



## Chronic Disease Self-Management

- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes



## Quality of Care Transitions

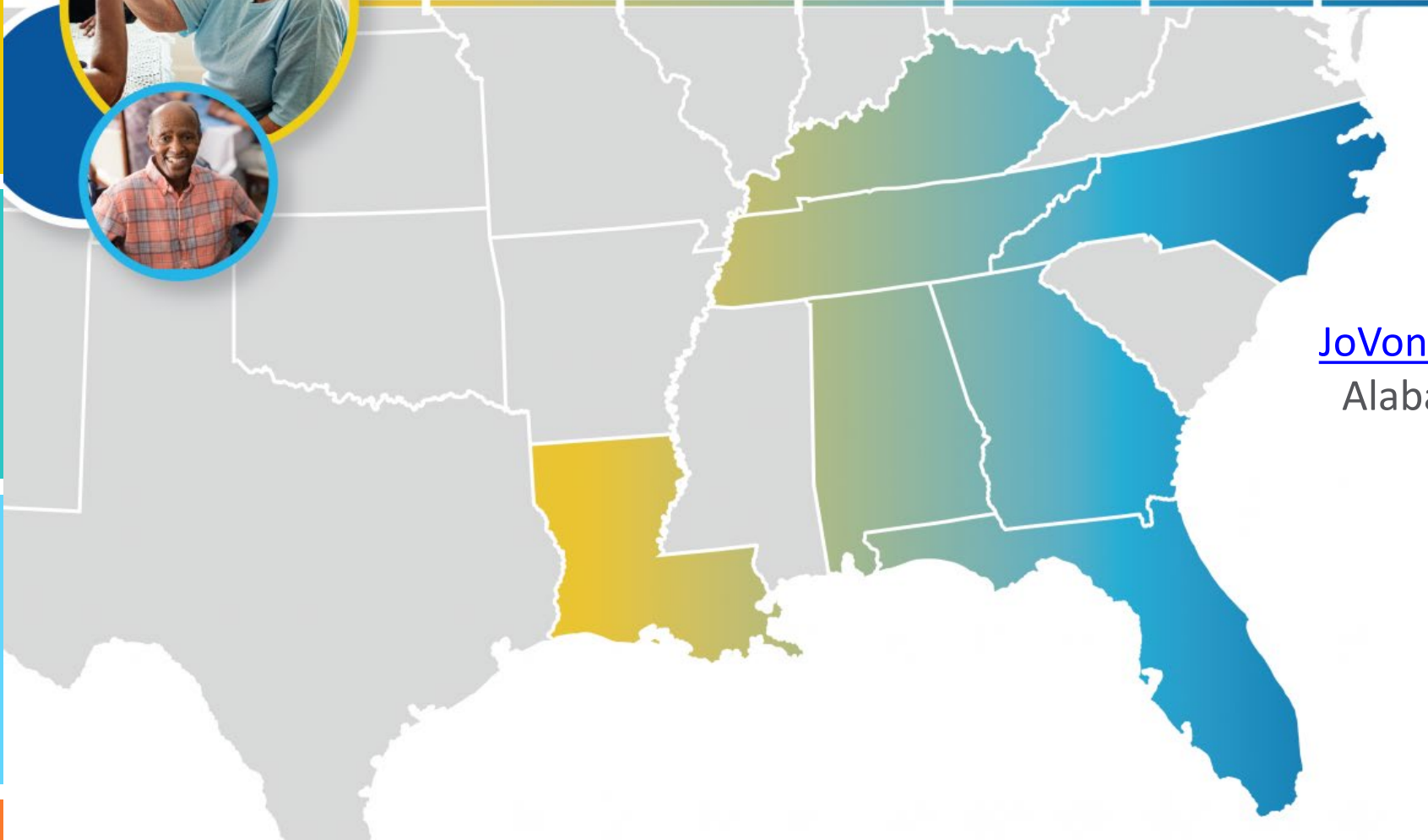
- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events



## Nursing Home Quality

- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents

# Making Health Care Better *Together*



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## Program Directors

# Upcoming Events



## Learning and Action Webinars

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**Combined Nursing Homes and Community Coalitions LAN:**  
Applying Evidenced-Based Best Practices to Prevent, Mitigate and Manage Delirium  
Across Care Settings: A Multi-Part Series  
Tuesday, March 15 at 2 p.m. ET | 1 p.m. CT

**The Different Paths of Recovery**  
Tuesday, April 5, 2022 at 12:30 p.m. ET | 11:30 a.m. CT

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