

Advocacy Brief: Combating Stigma Associated with Opioid Use Disorders in Metropolitan Detroit



Opioid Use Disorders (OUD)

This multidimensional public health emergency hit Metropolitan Detroit hard. While work toward statewide prescribing policy and practice successfully gains traction, combatting bias is at a standstill. Stigma reduces help-seeking behaviors and effectiveness of approaches to address OUD. Opioid and Substance Use Disorders (SUD) will increase due to COVID-19. Increased isolation, anxiety,

loneliness, and economic hardship are impacting behavioral health outcomes in the United States, and these effects will likely remain for years to come. Social distancing, business and school closures, job loss, and shelter-in-place orders will complicate existing barriers to behavioral healthcare in Michigan, including workforce shortages, lack of affordability and insurance, and stigma.^{1,2}



Detroit Area Mental Health Leadership Team

The Detroit Area Mental Health Leadership Team, a community-academic partnership with the Michigan Institute for Clinical & Health Research, prioritized the opioid epidemic as an emergent public health epidemic. The team aimed to increase knowledge on the issue and advocacy for community recommendations

to address OUD among academia, government, funders, and community and health care institutions. At-risk determinants such as access to care have widened since the coronavirus pandemic. Providers are challenged with shifting how service and practice occurs.

Scope of Stigma

There is little consensus on how and when mental illness stigma impacts the decision to seek care. Stigma can shame, humiliate, and devalue individuals socially, widening cultural incompetency in the field. In urban communities like Metropolitan Detroit, where trauma, poverty, isolation, and health/mental health inequities

are prevalent, stigma increases vulnerability in individuals suffering from OUD, their families, and supporters. Long standing structural inequities, such as racism and social/economic disparities, contribute to underlying reasons why at-risk individuals engage in inappropriate behaviors.



The use of dehumanizing language inappropriately characterizes those who suffer with substance and opioid use disorders.

✓ APPROPRIATE TERMS

Opioid use disorder
Substance use disorder

✗ INAPPROPRIATE TERMS

addict addiction bashed blasted blown bombed
burnout crack-head drug-abuse drug-addict druggie doper
hash-head junkie pothead smoked stoner user

Rates of overdose deaths and Naloxone administration by EMS have increased since the pandemic began in Detroit: ³

+17.2%

218 suspected overdose deaths were recorded between March 1-July 12, 2020. 186 were recorded between October 19, 2019-February 29, 2020.

+20.7%

EMS administered Naloxone 939 times between March 1-July 4, 2020. 778 were recorded between October 27, 2019-February 29, 2020.






638,000

Michiganders experience substance use disorders, and 80% are not receiving care. ⁴

69%

of Medicaid enrollees are not receiving care for their substance use disorders despite behavioral health being covered. ⁴

Community Recommendations

 <p>TREATMENT</p> <p>Affordable access to resources and alternatives</p>	 <p>COLLABORATION</p> <p>Community-academic partnerships focused on structural, social, and economic disparities</p>	 <p>MEDIA</p> <p>Fight desensitization with unbiased, objective reporting</p>	 <p>ACCESS TO INFORMATION</p> <p>Individual and community access to data and best practices</p>	 <p>EDUCATION</p> <p>Public awareness of stigma's role in cultural norms, laws, and institutional practices</p>
--	--	---	--	---

Public Health Approach: Recognize OUD as a public health crisis. Work to reduce stigma, decriminalize and increase understanding of OUD through research, conversation and practice.

#1 Language can be used to express stigma, discrimination, and stereotyping. Language is used in policy and practice to define health conditions and influence public opinion, promoting public health approaches to address them. This means we need to reframe substance abuse and addiction as substance use disorders, a health condition, or disease. Labeling persistent stigma as a public health concern is the first step toward establishing a widespread agenda to address the growing epidemic.

#2 Lack of research on the consequence of OUD-related stigma has left gaps in our understanding of the problems related to mental health treatment access, acceptance, and outcomes. Further research is needed to address this gap, inform treatment access, scientific knowledge, acceptance, and help develop and test intervention strategies.

#3 “It takes a village” to build community-academic partnerships, collaboration, and reduce social, educational, and economic disparities that breed stigma and discrimination. Develop prevention and intervention strategies that involve families and community. Implement initiatives that encourage respect, dignity, and quality of life for all.

#4 Community-based organizations in Metropolitan Detroit serve at the forefront in the battle against OUD; yet, their access to data, surveillance, and best practices is dated and limited. Utilizing models such as the Opioid Learning Community Series, which is modeled after a learning health sciences approach, can increase community-level access to information and strengthen the quality of community-based practice.

#5 Barriers include lack of access to care, acceptance that care is needed, and care seeking due to stigma. Public awareness of educational resources not only increase access to network providers, but also the public’s understanding of perceptions with having a mental illness or OUD, and when and where to receive services.

#6 Educate the community on the role of stigma in cultural norms, laws, and institutional practices to help them advocate for change. Educate local stakeholders on factors that impede community-level solutions, such as what makes certain individuals more prone to OUD.

#7 Encourage recovery-oriented systems of care that promote empowerment and choice. A focus on specific evidence-based treatments and practices, such as increasing neighborhood access to Naloxone and harm reduction strategies, can increase willingness to seek care by reducing travel requirements and fear of stigma associated with receiving care at a behavioral health facility.

#8 Implement robust provider education to improve identification and treatment of OUD, including checking the Prescription Drug Monitoring Program for current prescription status and urine screens. Create provider education on pain management that includes alternative therapies, virtual care, and increased access to treatment in underserved areas.

#9 In the context of COVID-19, primary care providers will be the first line of defense for substance use, suicidal ideation, and other behavioral health conditions. Identify effective approaches supporting primary care practices in improving virtual care and assist them in addressing the adverse behavioral health effects of COVID-19.

#10 Engage media as partners in the fight against stigma by eliminating sensationalizing and dehumanizing language when covering the opioid epidemic. Repackage this approach to embrace individuals afflicted, their families, and support systems, emphasizing factors that contribute to individuals becoming involved in OUD, such as social determinants, behaviors, and choice.

References

Detroit Area Mental Health Leadership Team. Learning Health Systems in Precision Health. Ethical, Legal, and Social Implications of Learning Health Systems Symposium. Invited panel and workshop presentations, Department of Learning Health Sciences, Michigan Medicine. Ann Arbor, Michigan. November 6-7, 2019.

Detroit Area Mental Health Leadership Team:

- Detroit/Wayne County Opioid Crisis Learning

Community Series: Community Policy Forum. Detroit, Michigan. October 16, 2019.

- Partnership Development: A learning community to advance institutional responsiveness to the opioid crisis in Detroit and Wayne County, Michigan. Session topics: Data on opioid use among adolescents and adults, prescribing, marijuana, and rescue/law enforcement. Metropolitan Detroit, Michigan. 2018-19.

1. Kirzinger A, Kearney A, Hamel L, Brodie M. (2020). Kaiser Family Foundation Health Tracking Poll - Early April 2020: The Impact Of Coronavirus On Life In America. Retrieved May 16, 2020 from <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-early-april-2020/>.

2. Panchal N, Kamal R, Orgera K, et al. (2020). The Implications of COVID-19 for Mental Health and Substance Use. Retrieved May 17, 2020 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

3. University of Michigan Injury Center, Michigan System for Opioid Overdose Surveillance (SOS) Dashboard, overdose deaths and Naloxone administration by EMS during COVID-19, Retrieved July 18, 2020. <https://injurycenter.umich.edu/opioid-overdose/opioid-surveillance/>.

4. Rhyan C, Turner A, Ehrlich E, Stanik C. Access to behavioral health care in Michigan, final report. Altarum: Solutions to Advance Health.

