



“Reducing Discriminatory Practices in Clinical Settings”

RESOURCE GUIDE

- **Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change.** The Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Substance Abuse and Mental Health Services Administration (SAMHSA) asked the National Academies of Sciences, Engineering, and Medicine to undertake **a study of the science of stigma change**.
- **Words Matter: How Language Choice Can Reduce Stigma.** Developed by the Substance Abuse and Mental Health Services Administration’s Center for the Application of Prevention Technologies (CAPT), **this training resource** examines the role of language in perpetuating substance use disorder stigma, offers tips to assess how and when we may be using stigmatizing language, and steps to ensure that we use language that is positive, productive, and inclusive.
- **Stigma Among Healthcare Professionals Related to Substance Use Disorders: Systematic Reviews of Consequences and Interventions.** **Van Boekel and colleagues** summarized the existing science on health professionals’ attitudes toward individuals with substance use disorder, and the impact of any negative attitudes on healthcare delivery and outcomes. In a related systematic review, **Livingston and colleagues** outlined results of studies focused on strategies to reduce stigma not only in health professionals but also for those with substance use disorder and the general public.
- **Americans Recognize the Growing Problem of Opioid Addiction**. The Associated Press NORC Center for Public Affairs Research provides this Issue Brief on the findings of AP-NORC Poll on Opioids. Notably, while more than half (53%) view prescription drug addiction as a “disease”, only 20% would closely associate with someone “suffering from addiction”.
- **The Power of Language and Portrayals: What We Hear, What We See**. This four-part webcast series, produced by SAMHSA in partnership with the Entertainment Industries Council, educates the news and entertainment fields about the importance of using appropriate terminology and language when writing about or depicting individuals with substance use disorders, or individuals who are in recovery to promote a realistic presentation of the issue, free from biased and discriminatory. The webcasts feature discussions among behavioral health professionals, news and entertainment creators, and people in recovery from substance use disorders.

- **Health Care Systems and Substance Use Disorders**. This chapter of the Surgeon General’s Report on Alcohol, Drugs, and Health describes the key components of health care systems; historical reasons substance use and its consequences have been addressed separately from other health problems. It also addresses the key role that health care systems can play in providing prevention, treatment, and recovery support services (RSS) for substance use disorders; and the recent developments that are leading to improved integration of substance use-related care with the rest of medic chapter.
- **Surgeon General’s Advisory on Naloxone**. U.S. Surgeon General Jerome M. Adams, M.D., M.P.H., released a **public health advisory** to urge more Americans to carry a potentially lifesaving medication that can reverse the effects of an opioid overdose.
- **Protecting Our Infants Act**. This bipartisan legislation was passed in 2015 (White House Public Law 114-91) in an effort to strengthen the capacity of states and local jurisdictions to improve the safety, health, and well-being of substance-exposed infants, and the recovery of pregnant, parenting women and their families. Learn more about the **Department of Health and Human Services (HHS)’s report and strategy** in response to the act, which mandates the Department to: (1) reduce the gaps in research; (2) develop guidance of best practice to treat neonatal abstinence syndrome (NAS); and (3) to coordinate federal efforts and reduce duplication among relevant federal programs.
- **Clinical Guide for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants**. This guide, produced by the Substance Abuse and Mental Health Services Administration (SAMHSA), pertains to the Protecting Our Infants Act, provides comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.
- **Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorders**. This Protocol by SAMHSA, also produced in response to the Protecting Our Infants Act, reviews the use of the three Food and Drug Administration (FDA)-approved medications used to treat opioid use disorder (OUD)—methadone, naltrexone, and buprenorphine—and the other strategies and services needed to support recovery for people with OUD.
- **The Massachusetts General Hospital Substance Use Disorders (SUDs) Initiative**. Learn about Mass General’s **response to the opioid epidemic**, including the SUDs initiative: a hospital-wide program designed to transform care for the chronic disease of substance use disorder in order to improve the quality, accessibility, clinical outcomes and value of treatment for our patients suffering with this illness.
- **Rhode Island’s Overdose Prevention and Intervention Action Plan**. Governor Raimondo’s **action plan** sets a goal to reduce opioid overdose deaths in the state by one-third within three years. Track the ongoing progress of the Action Plan **here**.

- **Comparison of attitudes towards substance use disorders among providers in primary care, general psychiatry and specialist addiction services.** In a study of 347 healthcare professionals across three sectors, researchers found that health care professionals of specialist addiction services showed higher regard for working with patients with substance use disorders compared to professionals of general psychiatry services and general practitioners (Van Boekel et al, 2014).
- **Provider Burnout in Mental Health Services.** **Morse et al (2012)** explores the extent to which burnout is a problem for mental health services in terms of two critical issues: its prevalence and its association with a range of undesirable outcomes for staff, organizations, and consumers. A comprehensive review of the limited research attempting to remediate burnout among mental health staff is provided. **This study** (Wagaman et al, 2015) explores the relationship between the components of empathy, burnout, secondary traumatic stress, and compassion satisfaction in social workers.
- **Relationship between Provider Stigma and Predictors of Staff Turnover among Addiction Treatment Providers.** This study (Kulesza et al, 2017) provides a preliminary assessment of the relationship between provider stigma and indicators of staff turnover in addiction treatment services, suggesting the importance of considering provider stigma as a risk factor for future staff turnover and job dissatisfaction.
- **Employee Assistance Program (EAP):** What is an employee assistance program? Society for Human Resource Management; August 12, 2014. <https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/whatisaneap.aspx>
- **Women in Substance Abuse Treatment: Results from the Alcohol and Drug Services Study (ADSS).** This review presents an in-depth analysis of treatment clients and facilities, emphasizing the need for specialized treatment programming for women. Shame, blame, and guilt can be extremely strong for pregnant women and mothers.
- **Care for pregnant women with alcohol or other drug use can be negatively impacted by provider stigma and bias.** This article provides an initial framework for a training workshop to enhance health practitioners’ knowledge regarding substance use disorder treatment, and to decrease their bias toward substance-abusing women, particularly pregnant women in rural communities.
- **Understanding addiction stigma and its intersectionality with race/ethnicity, and gender.** This study by Kulesza and colleagues (2016) assessed implicit and explicit beliefs about persons who inject drugs (PWIDS) and experimentally investigated the effects of ethnicity/race and gender on those implicit and explicit beliefs. Participants implicitly associated PWIDs (especially Latino/a vs. White PWIDs) with deserving punishment as opposed to help, indicating presence of addiction stigma-related implicit beliefs.

- **Stigma of addiction and mental illness in healthcare: the case of patients’ experiences in dental settings.** Researchers (Brondani, Alan, & Donnelly, 2017) explore the ways in which stigma is experienced in healthcare and dental settings by patients with a history of addiction and mental illness; findings suggested that individuals with substance addiction and mental illness experience overt or subtle stigmatization in dental settings similarly to in other healthcare settings.
- **Nursing attitudes toward patients with substance use disorders in pain.** The purpose of this study was to identify and explore nurses’ attitudes toward hospitalized patients with substance use disorder who are in pain, to expand the knowledge about nurses’ attitudes and interactions with patients with substance use disorder in pain, and to generate theory that will contribute to a greater understanding of the problem. Another study by Kulesza and colleagues (2015) (1) assessed participants’ support for safe injection facilities and needle and syringe programs, and (2) evaluated several demographic factors and individual differences in stigmatizing beliefs about people who inject drugs that might relate to support for these interventions.
- **Internalized stigma and sterile syringe use among people who inject drugs in New York City, 2010-2012.** With previous research suggesting a harmful effect of internalized stigma on health behaviors, this study (Rivera, DeCuir Amesty, & Lewis, 2014) aimed to determine socio-demographic characteristics and injection risk behaviors associated with internalized PWID-related stigma in New York City.

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