The Role of Stigma among Health Care Providers in the Treatment of Opioid Use Disorder

Center on Rural Addiction
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The Problem:

Stigma is defined as prejudicial attitudes and discrimination toward a socially devalued attribute or behavior.[1] Although medications such as methadone, buprenorphine, and naltrexone are the most effective treatment for opioid use disorder (OUD),[2] recent research has demonstrated several ways that stigma among health care providers can negatively impact patients' access to medications for OUD (MOUD) treatment.[3,4] First, when a person with substance use disorder (SUD) perceives stigma or bias in a healthcare setting they are less likely to return for care or seek treatment.[5] Second, when patients seek OUD treatment in a primary care setting, providers who have less familiarity with and greater stigma toward OUD are less willing to offer or refer patients for treatment.[1] And third, providers who hold stigmatizing views about OUD are less willing to prescribe MOUD treatment.[3,5]

In baseline needs assessments conducted by the University of Vermont Center on Rural Addiction (UVM CORA), a meaningful percentage of rural healthcare practitioners in Vermont, New Hampshire, and Maine reported stigmatizing beliefs about MOUD (**Figure 1**). Rural practitioners also endorsed stigma as among the top barriers to patients receiving OUD treatment.

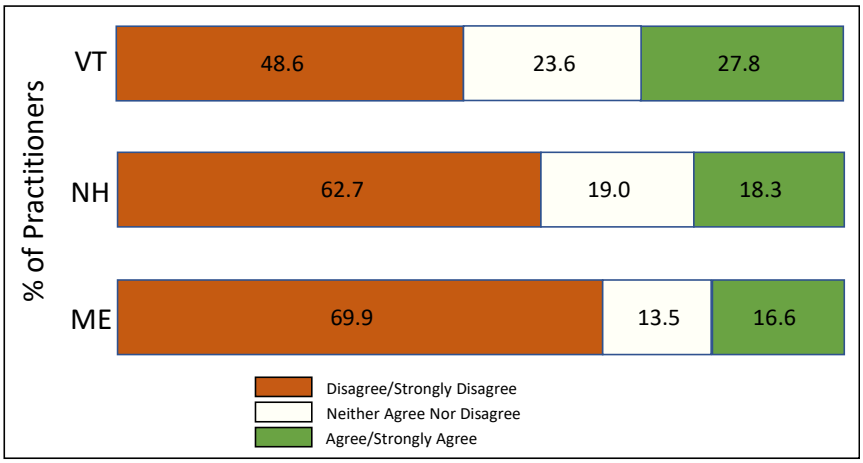

Figure 1. Agreement with the statement, **"Medications given to treat people with opioid use disorder (such as methadone or buprenorphine) replace addiction to one kind of drug with another**," among rural practitioner respondents to UVM CORA's baseline needs assessments.

Interventions:

Training: Increased exposure to people with OUD and education about MOUD treatment during medical training and in clinical practice is essential to reducing provider stigma.[1,3]

Language: Education about the impact of stigmatizing language on patients' engagement in care and the adoption of person-first language (e.g., "person with OUD" rather than "substance user") can decrease provider stigma toward patients with OUD.[1,3,6] The National Institute on Drug Abuse's resource, Words Matter, serves as a helpful starting point.[7]

Resources: For additional resources, please see UVM CORA's Stigma and MOUD Resource Guides and Stigma Community Rounds Webinar, the University of Rochester's Campaign to Reduce Stigma, the University of Texas at Austin's Reducing Stigma Education Tools (ReSET) Course, and the Rural Communities Opioid Response Program (RCORP)'s Stigma Webinar Series.

For more information or to access these and other resources, please contact cora@uvm.edu.

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