

People First: A Team Approach to Stigma Reduction

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Disclosure Information

- Arianna Campbell
 - No Disclosures
- Kari Herbert
 - No Disclosures
- David Jay
 - No Disclosures

Learning Objectives

- Why and how of “People First”
- Measuring impact
 - “stigma” surveys
- Implementation
 - Organizational buy-in
 - Incentivizing participation

People First

Motivating empathy for an outgroup

Anti-Bias Interventions

- Perspective Taking
- Disease model of SUD
- Culture of caring

Empathy is essential for communities that face disproportionate levels of stigma and discrimination.

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Why People First?

STIGMA

- Pervasive & sustained
- Marginalized at all levels
- Physical/Psychological harm

HEALTHCARE

- Hospital readmission: most common diagnosis for patients aged 18-65
- ED visits: 2nd most common diagnosis for patients aged 18-65
- ↑ AMA and ↑ mortality



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- Self-reported electronic medical record analysis from Marshall Medical Center (Epic, Slicer-Dicer) 2020-2023.

Perspective Taking

“The ability to recognize another person's point of view.”

- Closely linked to human empathy

Harnessing the power of stories

- Successfully applied to other prejudices
- Reduction in healthcare staff stigma

Understanding the life of People Who Use Drugs

- Early use – Risk Factors
- Chronic use – Escalations/Transitions/Lifestyle
- Recovery – Attempts/Recurrence/Medications



- Healey ML, Grossman M. Cognitive and Affective Perspective-Taking: Evidence for Shared and Dissociable Anatomical Substrates. *Front Neurol*. 2018 Jun 25;9:491. doi: 10.3389/fneur.2018.00491. PMID: 29988515; PMCID: PMC6026651
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Kari's Story



Kari's Story



Kari's Story



Kari's Story

Marshall Medical
Center
2022 Hero in
Healthcare



Brain Disease Model of SUD

Behavior change arise from the brain

- SUD causes neurological abnormalities

Explaining choice and disease

- Highlight the determinants of voluntary action

The brain disease model matters

- Improves treatment access and the importance of therapeutics
- Influences policy



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SUD: Disease or Choice?

Disease

Choice



SUD

Why do some brains become dependent?

Coping

Trauma/PTSD

ACEs

Age of Onset

Genetics

It Feels Good!

Dopamine Reward System



SURVIVAL!
∞

Dopamine

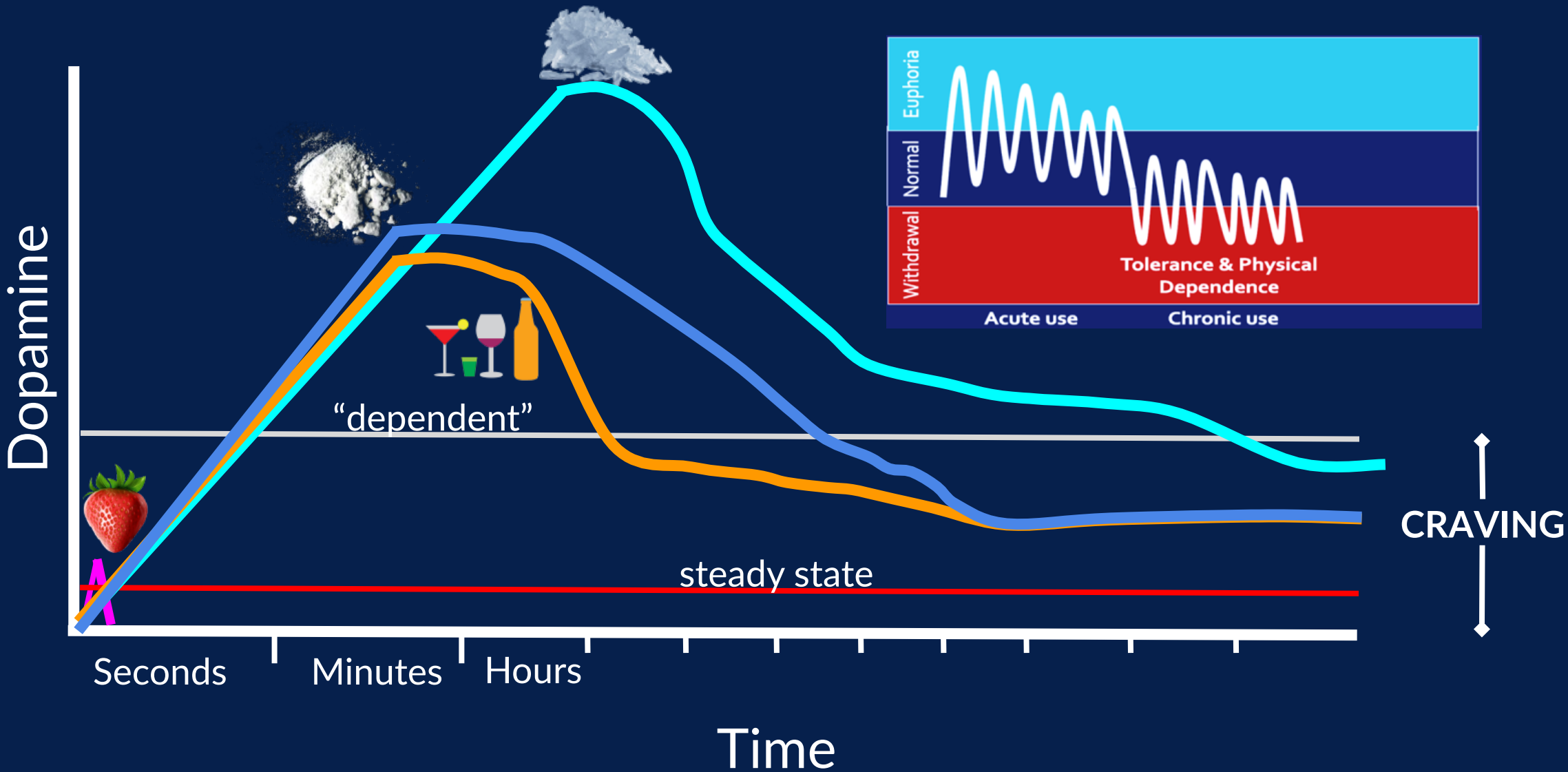


Dopamine



Dopamine

Dopamine Reward System and Drugs



SUD: A Disease of Choice



RECOVERY

“a plan for health and wellness around substance use”

Eat/Drink

Fight/Flight

Sex Drive

Recreational

USE

Culture of Caring: SUD Treatment and Navigation

Stigma is a barrier to treatment

- SUD training and clinical experience decreased negative attitudes (↑Dx,↑MAT)

Stigma is not addressed in healthcare

- Lack of organizational stigma training
- Lack of involvement of people with lived experience (social connection)

Creating a culture of caring

- Knowledge of the condition
- Clinical diagnosis and management
- Institutional policies
- Lead by example



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The Opioid Epidemic



Overdose deaths

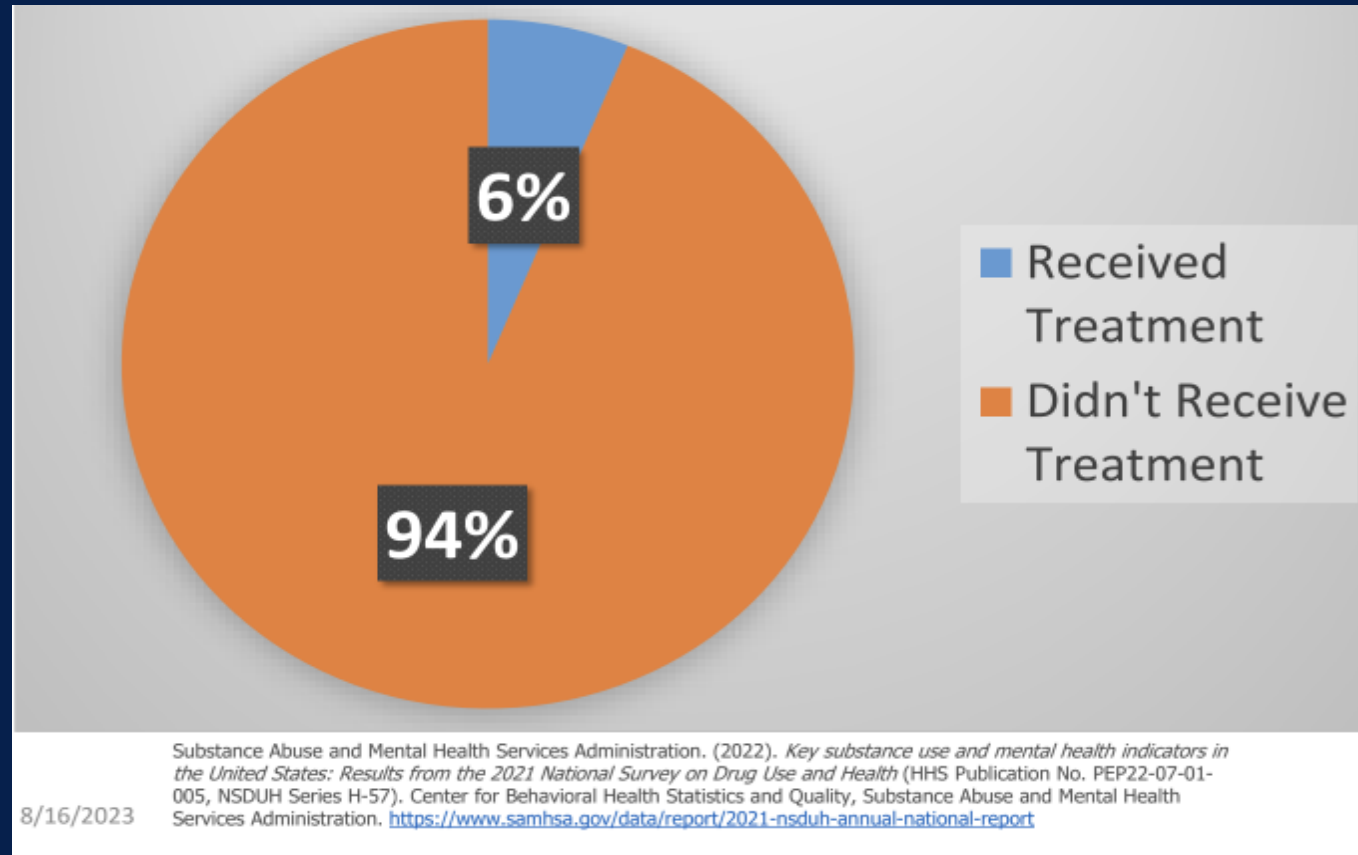
“...more than the toll of car accidents and guns combined.”

"Overdose deaths have more than doubled since 2015."

**~46 million Americans, or 15% of
the population, have a substance
use disorder**



Substance Use Treatment Among People with SUD in the Past Year





the new
standard of care



Addiction is ***NOT*** a moral failing

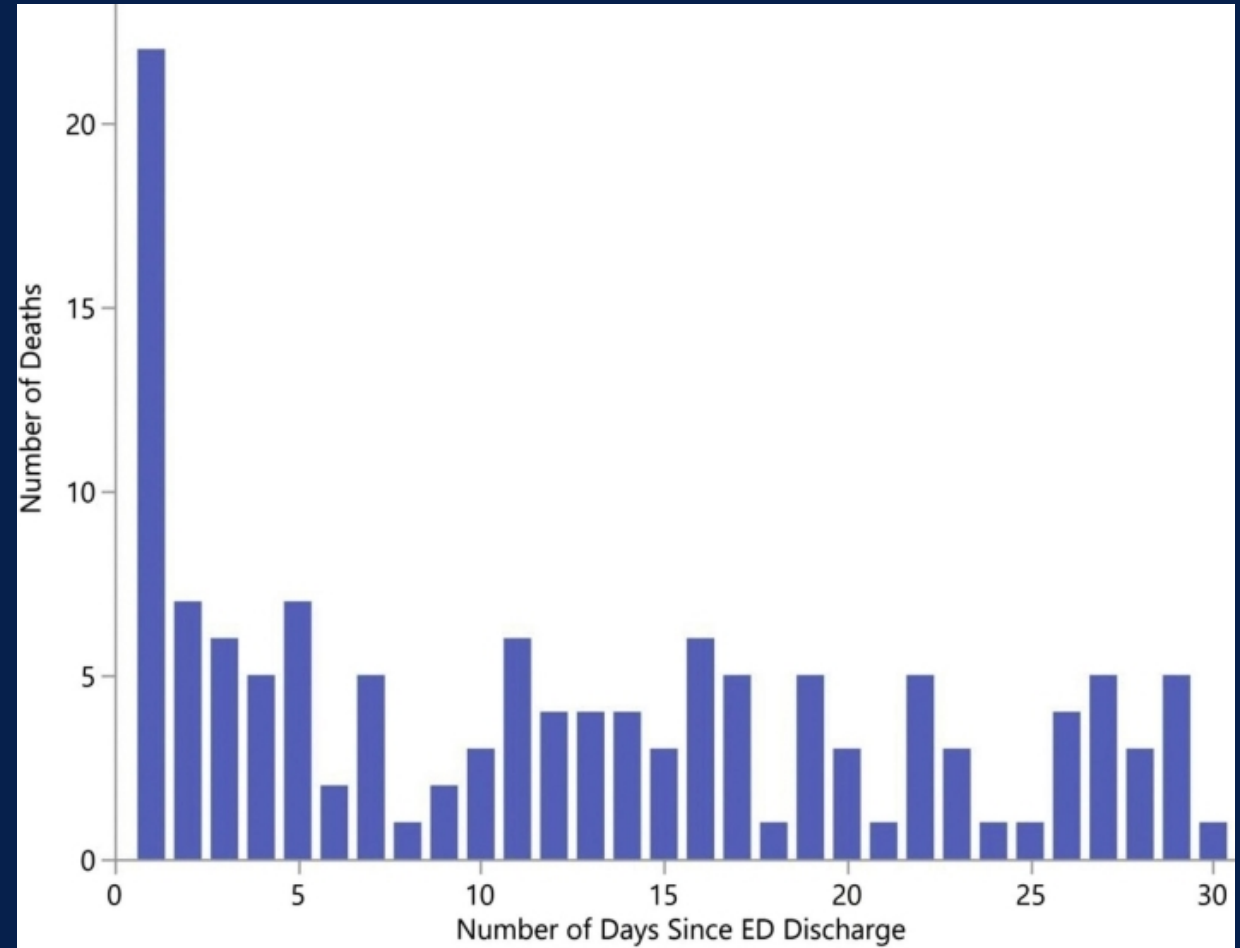
**It is a chronic disease that requires
medical treatment**



Study: Patients treated in Massachusetts EDs for opioid overdose 2011-2015

Significant increase in mortality risk post-ED discharge

- 5% one-year mortality post ED discharge.
- **20% of patients that died did so in the first month**
- **22% of those that died in the first month died within the first 2 days**



BUPRENORPHINE (Bup)

Major Features

Treats opioid withdrawal, cravings, & provides overdose protection

Partial opioid receptor agonist

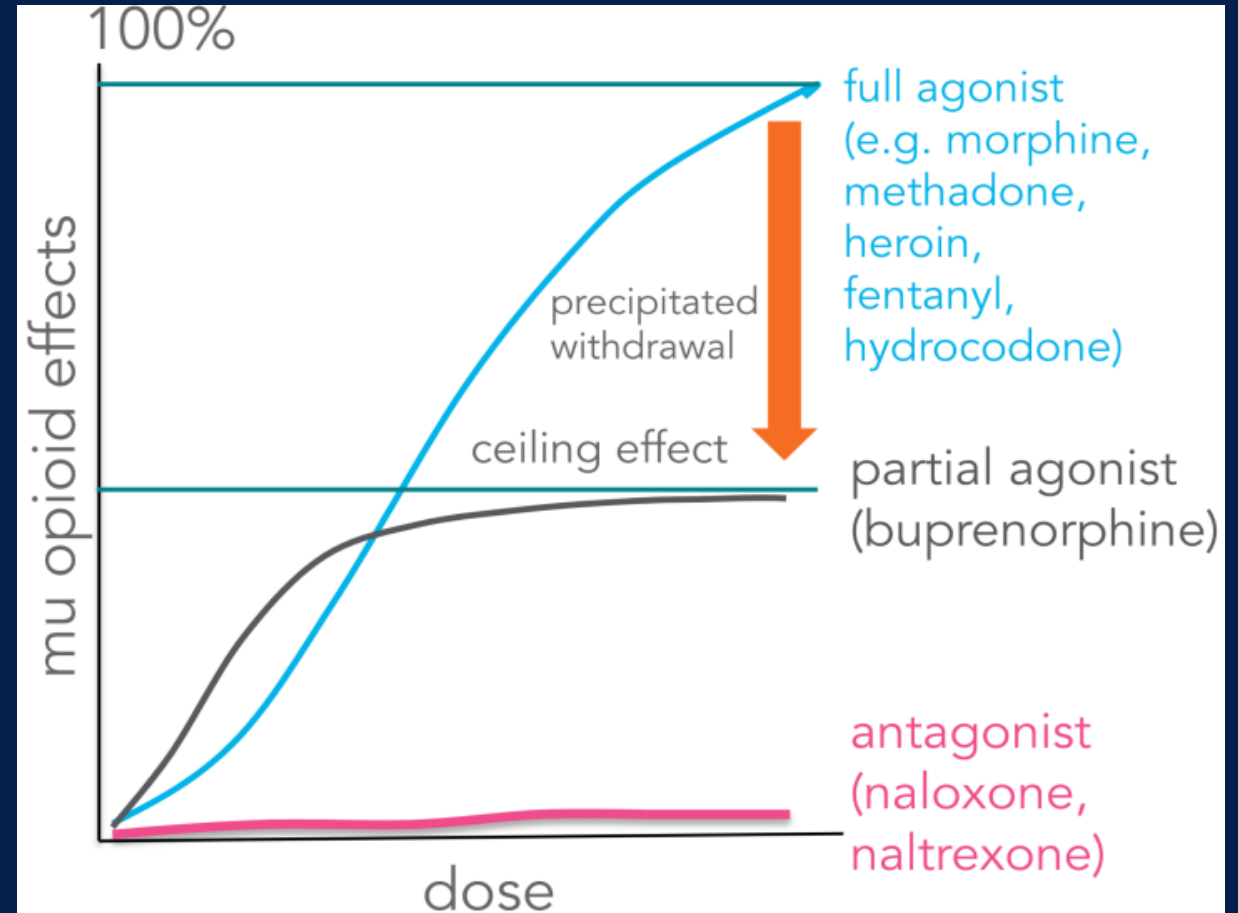
Less respiratory depression & sedation
Less euphoria

High affinity for opioid receptor

Blocks & displaces other opioids

Long-acting

Half-life ~ 24-36 hours



Numbers for Success

Number Needed to Treat

Aspirin in ST-elevation myocardial infarction

42 to save a life

Steroids in COPD

10 to prevent treatment failure

Defibrillation in cardiac arrest

2.5 to save a life

Buprenorphine in opioid use disorder

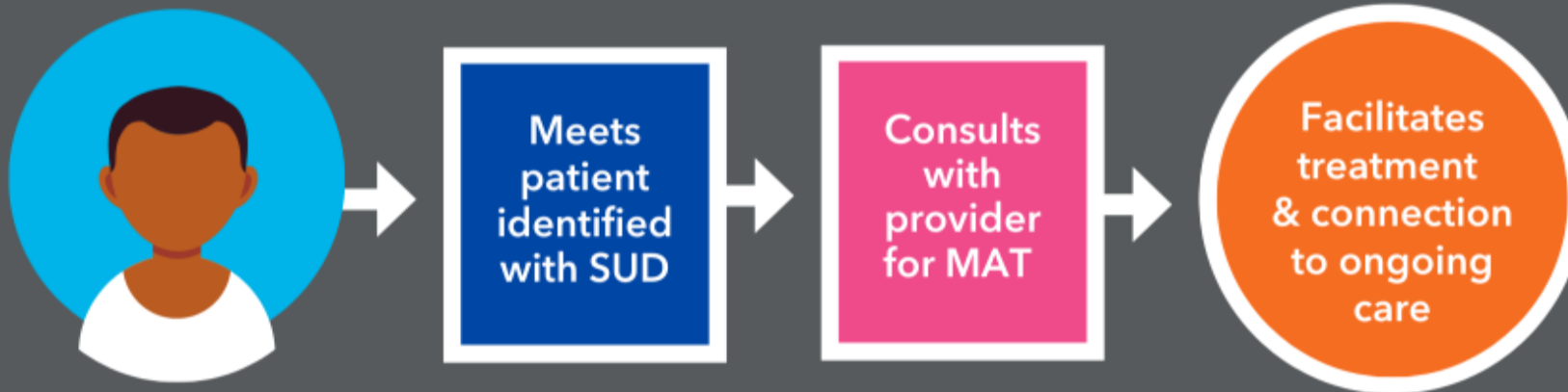
2 to retain in treatment

Substance Use Navigator

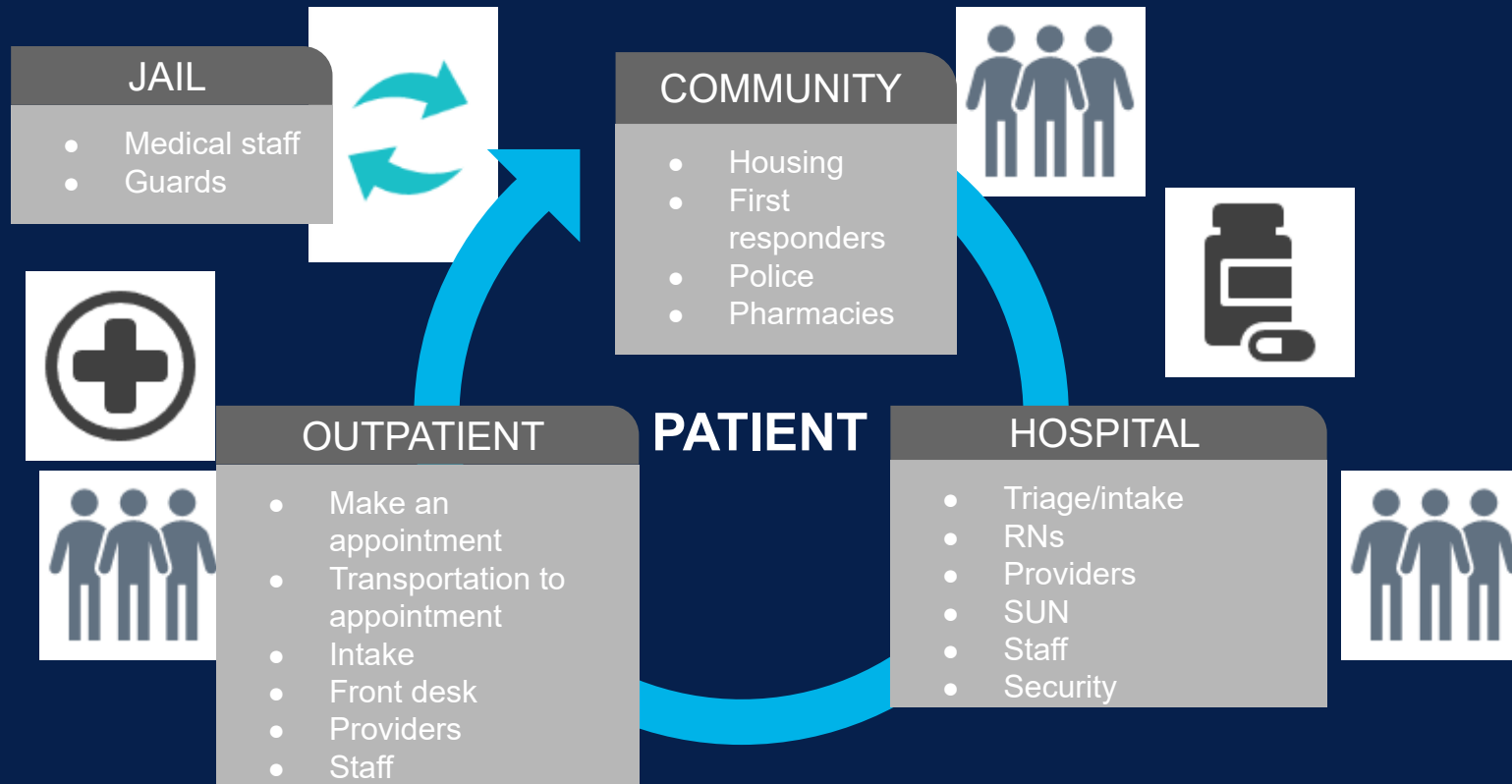
Identifying SUD and changing culture

The Substance Use Navigator

guides patients with acute substance use disorder (SUD) through the emergency department and beyond.



Bridging Systems of Care



A point of transition is a potential point of failure.

Culture of Caring

Treatment from the Marshall ED

Engagement

- 85.8% of patients with OUD receive buprenorphine
- 73.1% prescribed buprenorphine

Readmission

- Patients with OUD that see the SUN at Marshall are 4-6x less likely to have a 30-day readmission

Follow-up

- 83% of all patients with OUD at Marshall referred to treatment attend a follow-up appointment

Retention

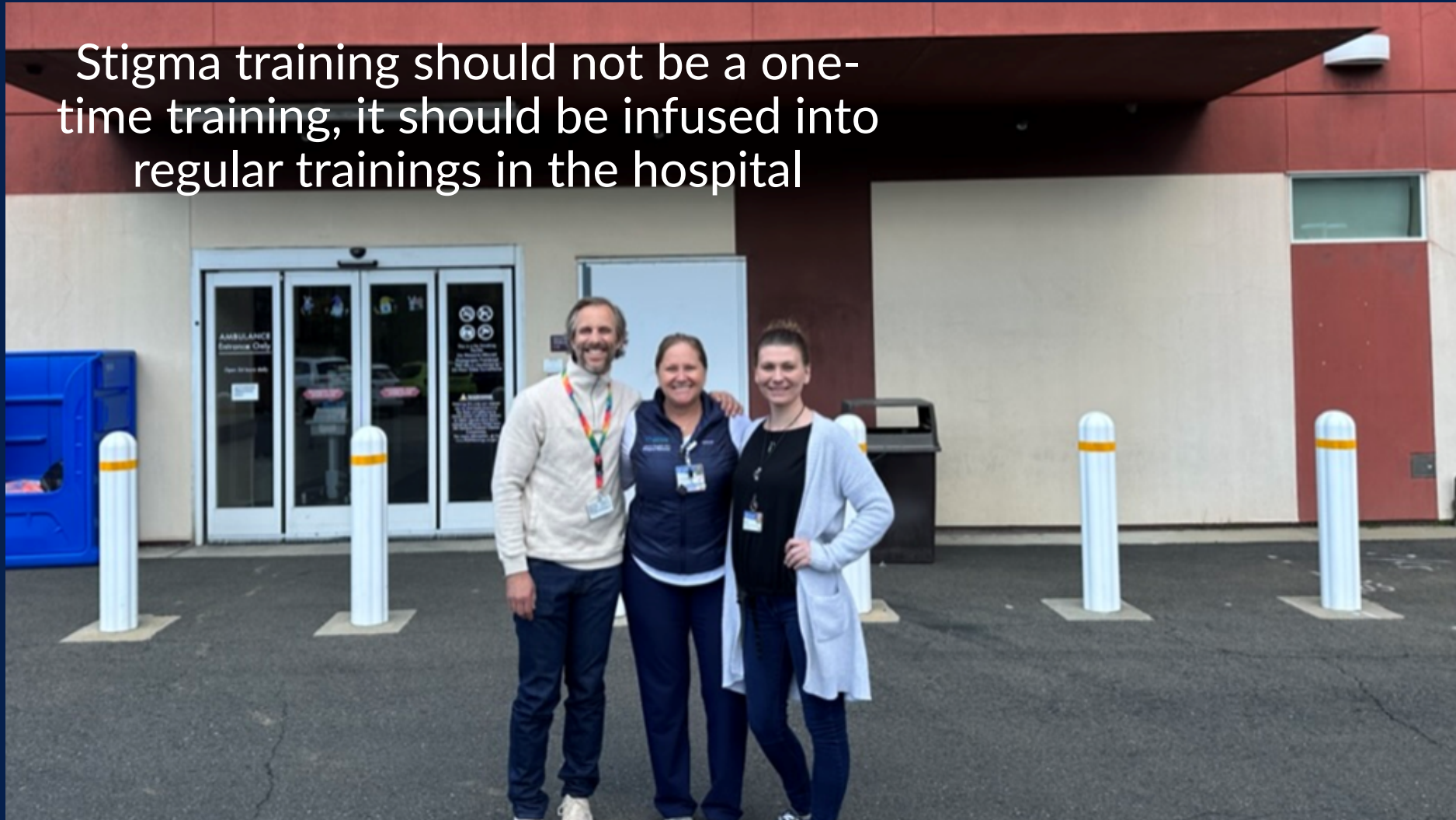
- 60-74% of patients remain in treatment at 1-month at Marshall CARES



People First

You can do this too!

Stigma training should not be a one-time training, it should be infused into regular trainings in the hospital

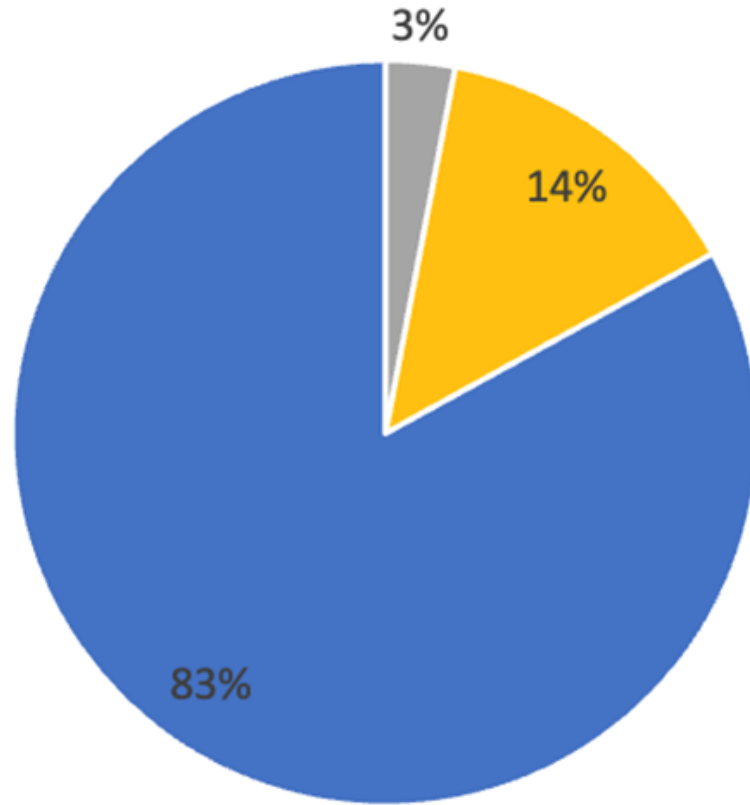




CAPSTONE: “PEOPLE FIRST” PROGRAM EVALUATION

- Is there a difference between hospital staff who took People First vs those who did not?
- Was program effective and was learning sustained?
- Was there an increase in naloxone distribution?

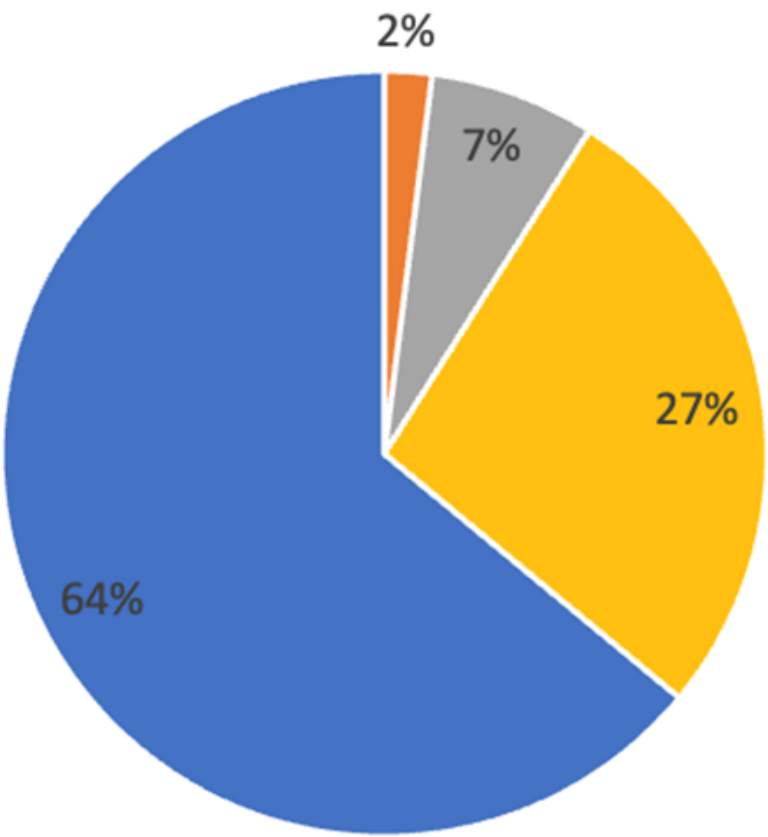
Treating a substance use disorder is not effective.



RESPONSE TO
STATEMENT "TREATING
SUBSTANCE USE
DISORDER IS NOT
EFFECTIVE"

- Completely Agree
- Mostly Agree
- Somewhat Agree
- Somewhat Disagree
- Completely Disagree

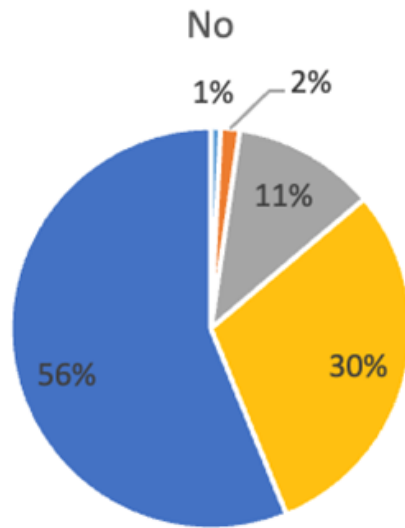
A naloxone (eg. NARCAN) prescription will encourage heroin and opioid use.



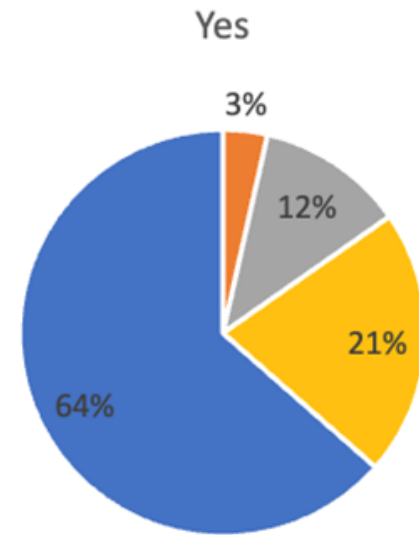
RESPONSE TO STATEMENT
"A NALOXONE (EG
NARCAN) PRESCRIPTION
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AND OPIOID USE "

- Completely Agree
- Mostly Agree
- Somewhat Agree
- Somewhat Disagree
- Completely Disagree



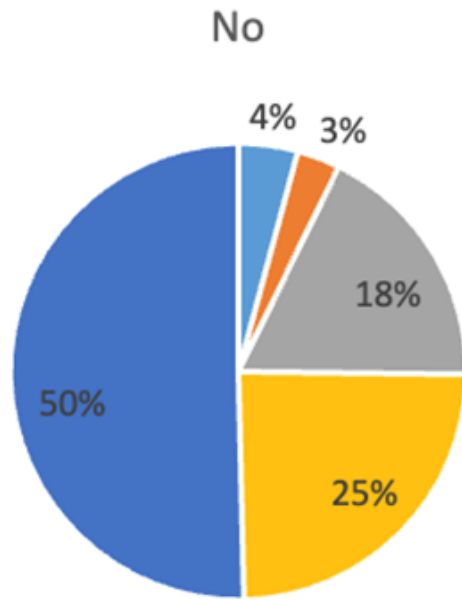


■ Completely Agree
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■ Somewhat Disagree
■ Completely Disagree

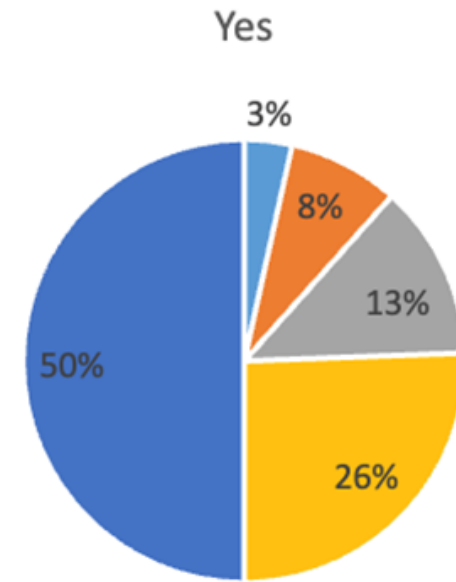


■ Completely Agree
 ■ Mostly Agree
 ■ Somewhat Agree
■ Somewhat Disagree
■ Completely Disagree

RESPONSE ABOUT STATEMENT "TREATING SUBSTANCE USE DISORDER IS NOT EFFECTIVE" FROM STAFF WHO **DID NOT** AND WHO **DID** ATTEND A PEOPLE FIRST WORKSHOP.



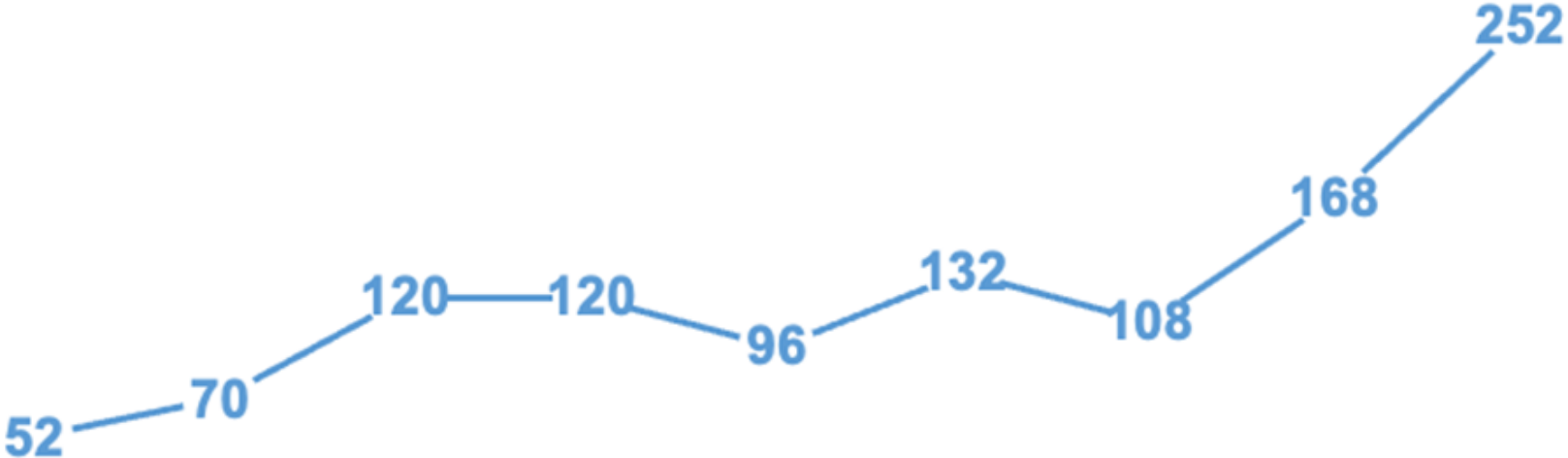
■ Completely Agree
 ■ Mostly Agree
 ■ Somewhat Agree
■ Somewhat Disagree
 ■ Completely Disagree



■ Completely Agree
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RESPONSE ABOUT STATEMENT "A NALOXONE (EG. NARCAN) PRESCRIPTION WILL ENCOURAGE HEROIN AND OPIOID USE" FROM STAFF WHO **DID NOT** AND WHO **DID** ATTEND A PEOPLE FIRST WORKSHOP.

NALOXONE DISTRIBUTED



Q3 2021 Q4 2021 Q1 2022 Q2 2022 Q3 2022 Q4 2022 Q1 2023 Q2 2023 Q3 2023



“...I can tell who has been through the People First class and those who have not. It would be great if we could make this mandatory training for all staff...”

COMMENTS

“At this time I don’t feel there’s a specific medical treatment that can cure a person of alcoholism or drug addiction. I FULLY believe NA, AA, God and the patient hitting their rock bottom is what is needed to get clean and sober...”

Final Takeaways/Summary

1. Stigma training helps shift culture
2. Inclusion of perspective-taking, training on neurobiology of addiction, and evidence-based addiction treatment is a training model.
3. Include people with lived experience when able.
4. Reach out to your community.
5. Take care of yourselves.
6. Thank you for attention and your work.

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