

# 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



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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



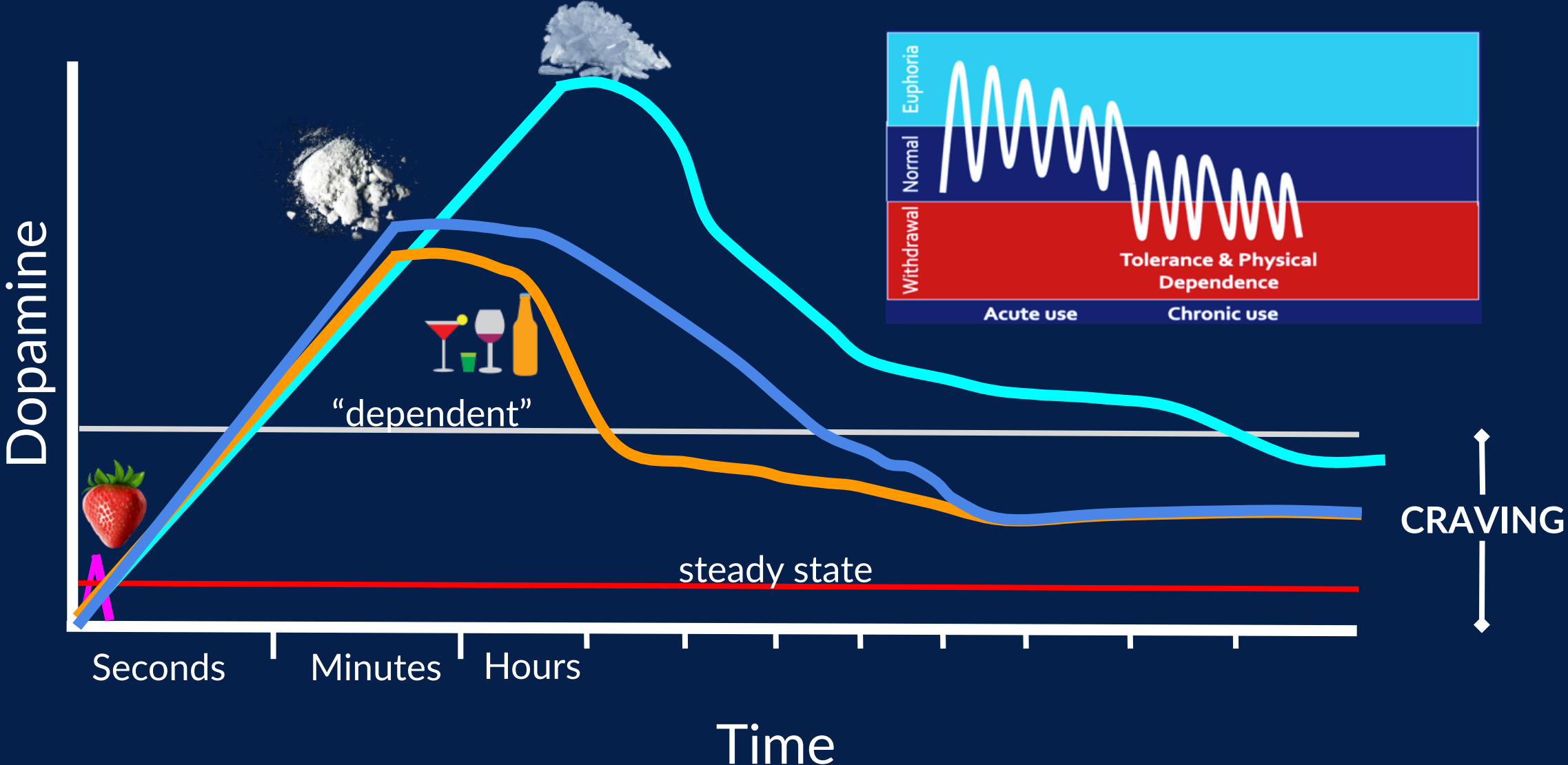
Dopamine



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

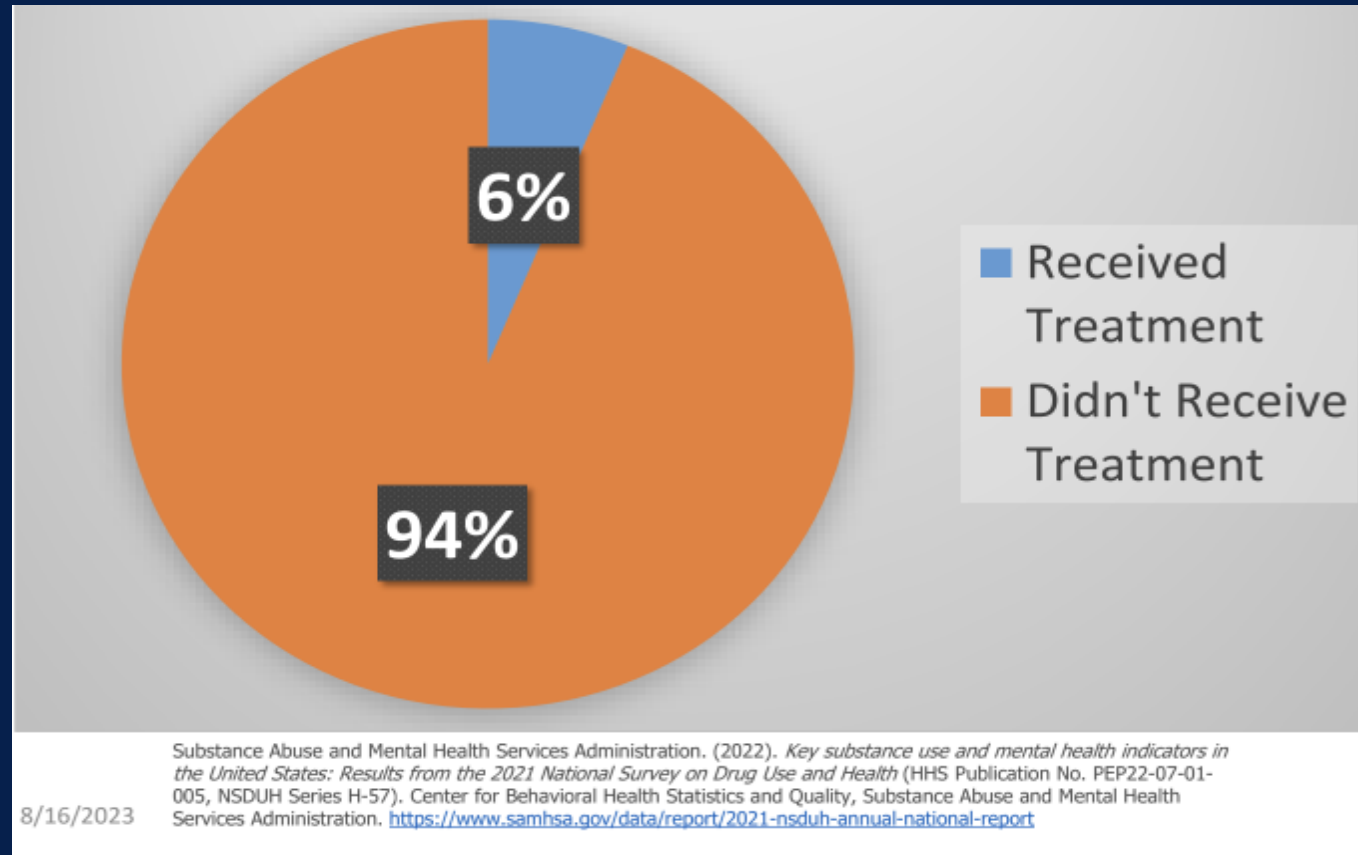
“...more than the toll of car accidents and guns combined.”

"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

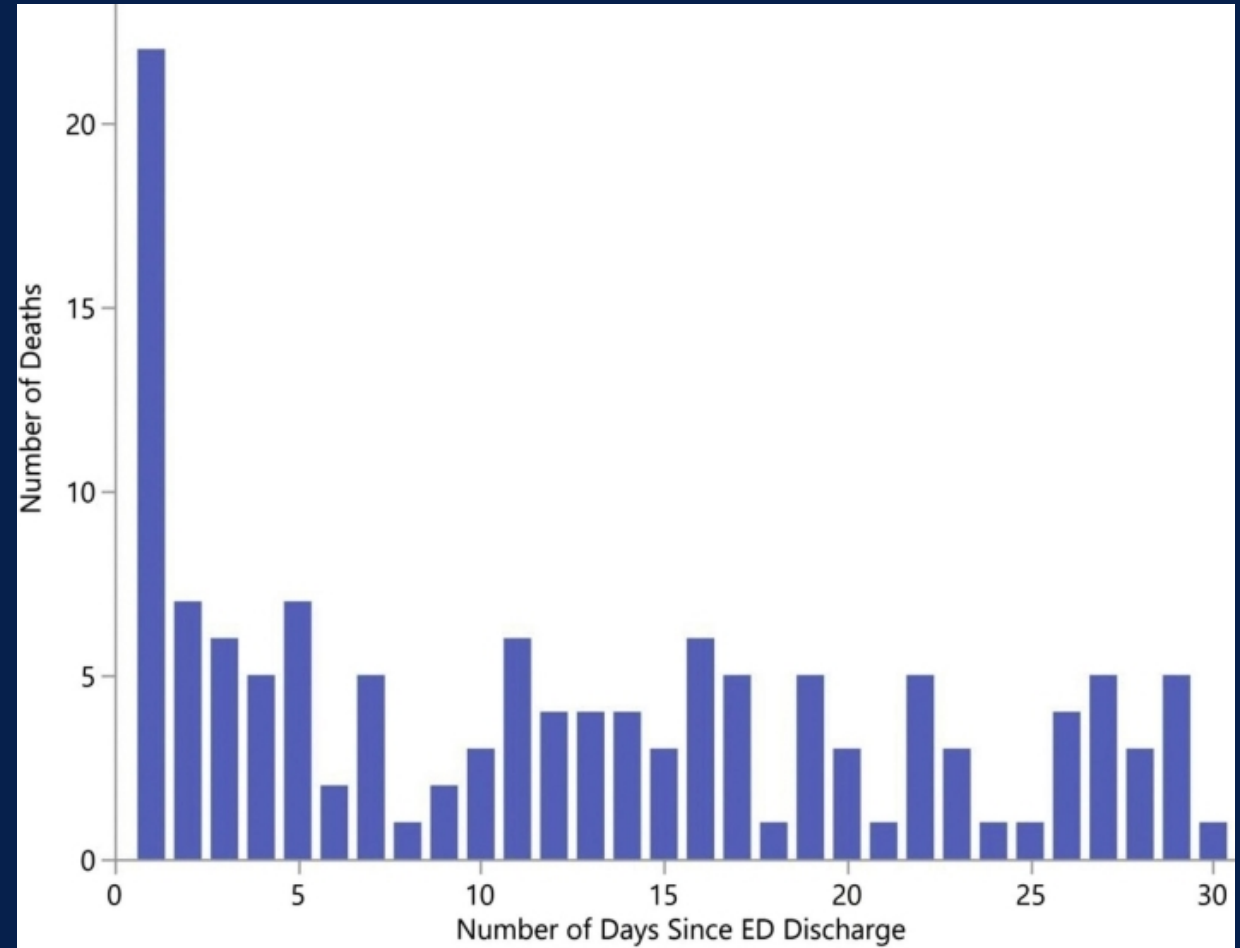
**It is a chronic disease that requires  
medical treatment**



# 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**

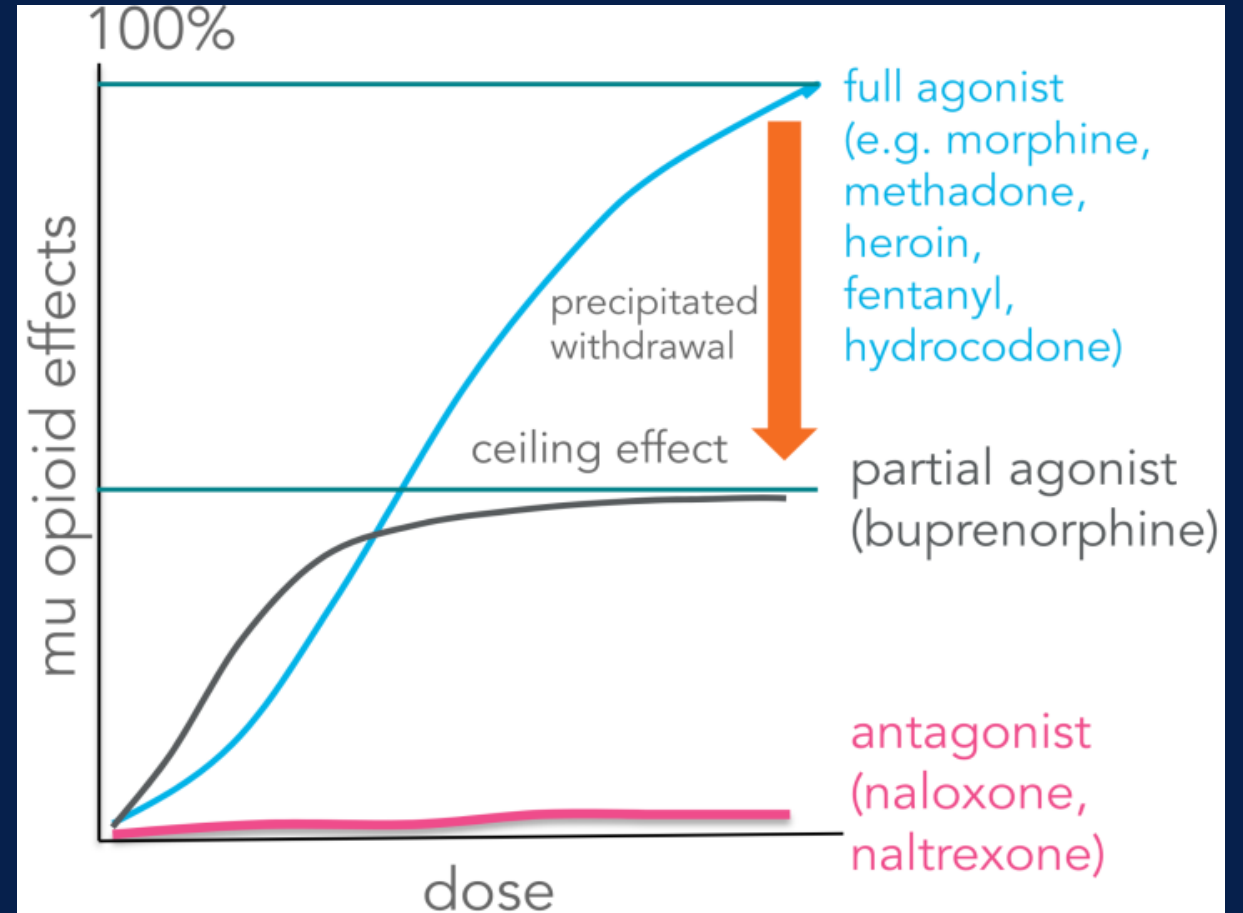
Less respiratory depression & sedation  
Less euphoria

**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

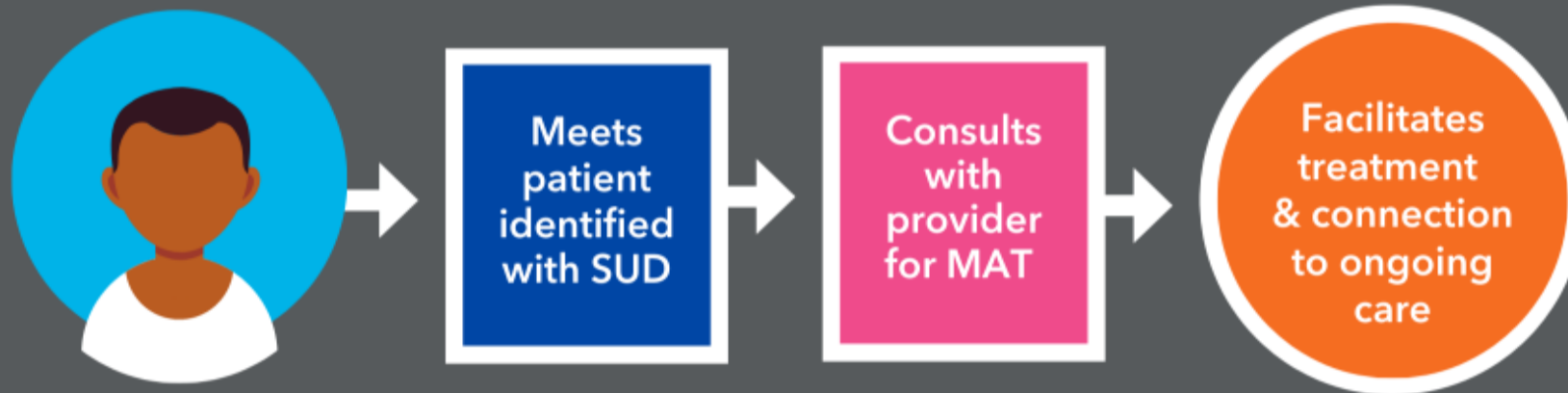
**2** to retain in treatment

# Substance Use Navigator

## Identifying SUD and changing culture

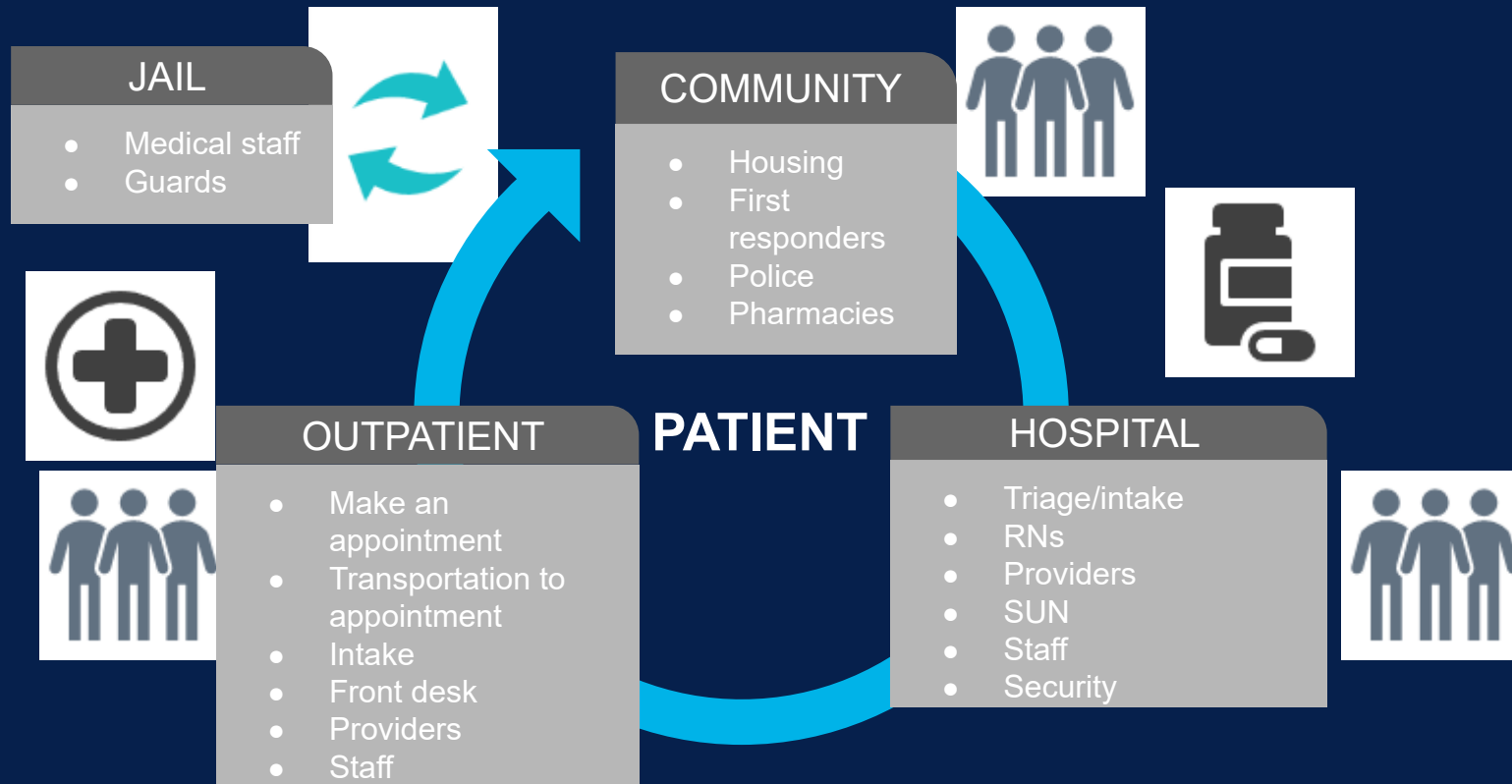
### The Substance Use Navigator

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

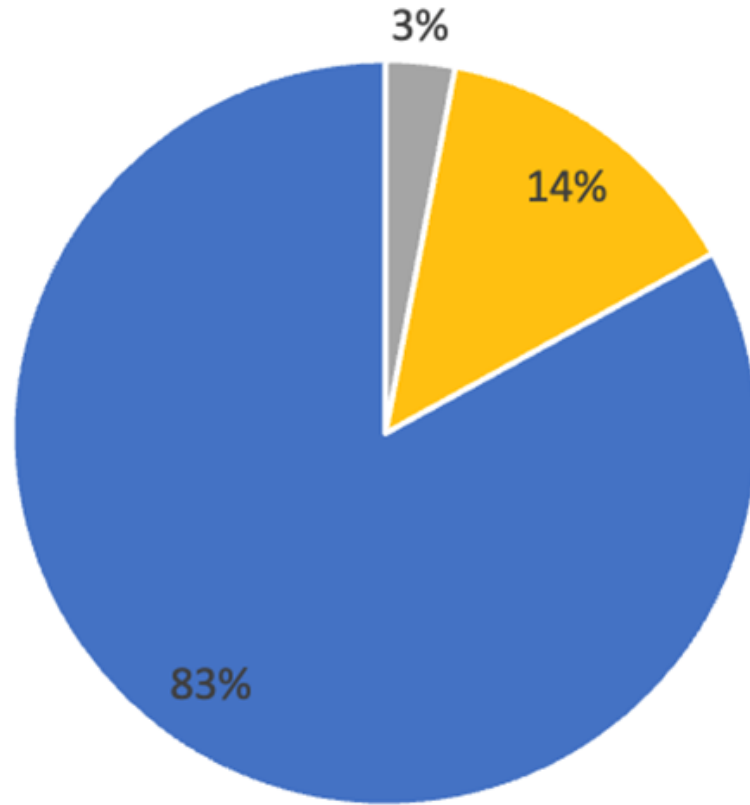




## CAPSTONE: “PEOPLE FIRST” PROGRAM EVALUATION

- 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.

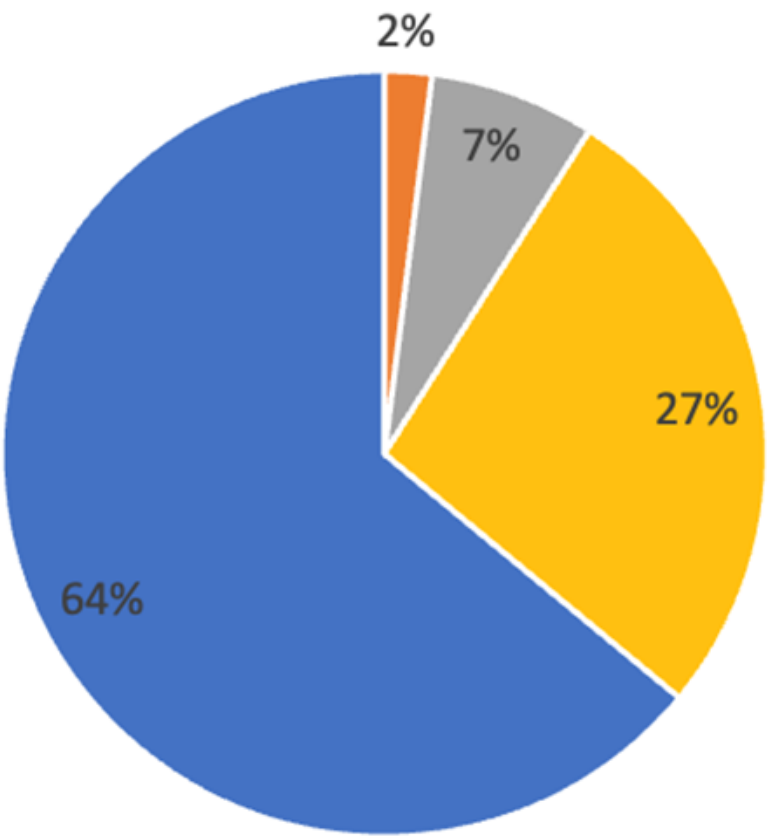


RESPONSE TO  
STATEMENT "TREATING  
SUBSTANCE USE  
DISORDER IS NOT  
EFFECTIVE"

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



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

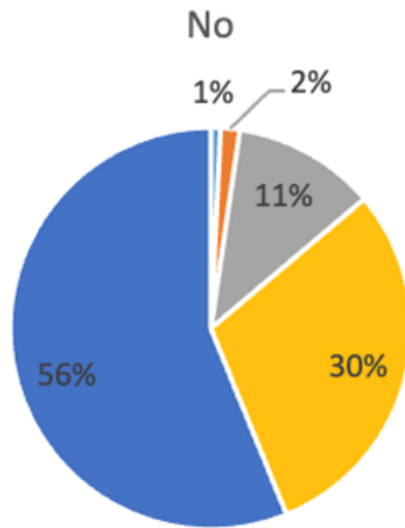


RESPONSE TO STATEMENT  
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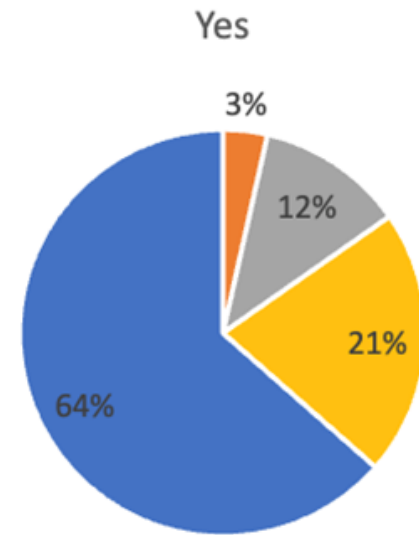
- Completely Agree
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- Somewhat Agree
- Somewhat Disagree
- Completely Disagree





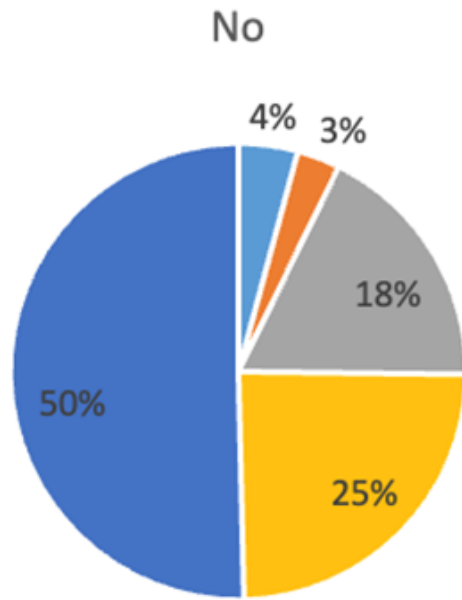


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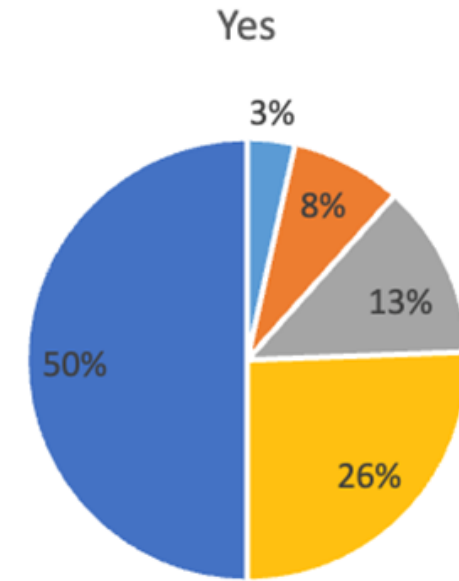


■ Completely Agree   
 ■ Mostly Agree   
 ■ Somewhat Agree  
■ Somewhat Disagree   
■ Completely Disagree

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



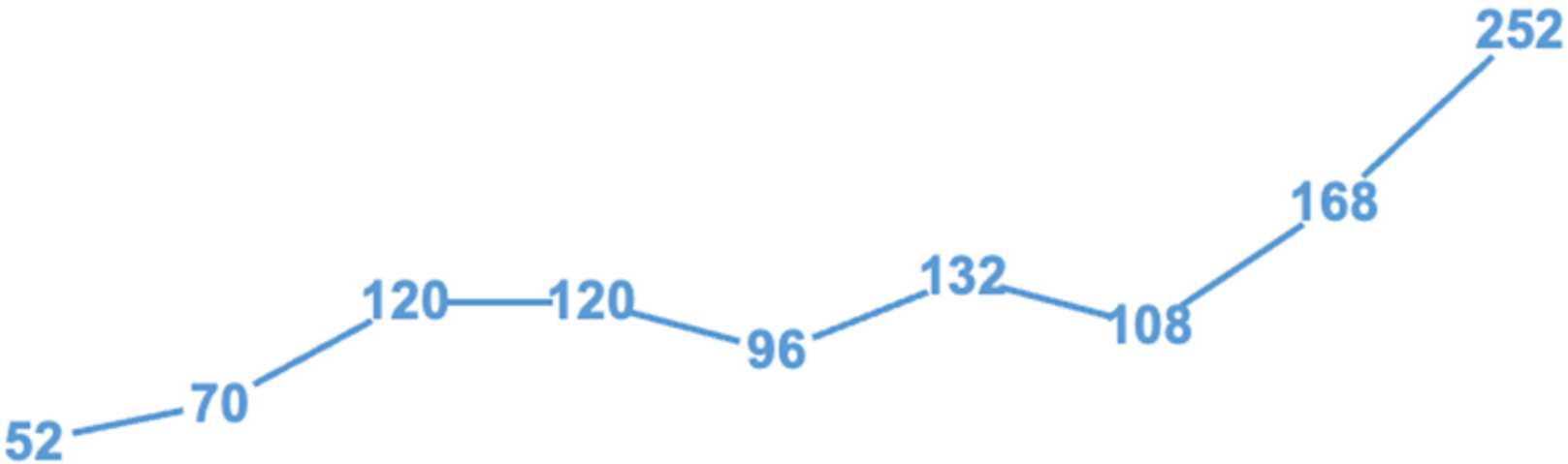
■ Completely Agree   
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■ Somewhat Disagree   
■ Completely Disagree



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

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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