STIGMA AND SUD IN PERINATAL PERIOD

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Disclosures

- I have no relevant disclosures

Learning Objectives

- Participants will be able to discuss the barriers to treatment faced by perinatal people with SUD
- Participants will gain an understanding of stigma and how it impacts perinatal people with SUD
- Participants will become conversant in strategies for improving care of people with SUD in the postpartum period

EMPOWERING MOTHERS, PROVIDERS AND OTHERS TO WEIGH IN AS EXPERTS IN RESEARCH

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Nichole Nidey, PhD, and Stephanie Weber, PsyD, MPH co-lead the Empowering Mothers and Providers and Other Stakeholders to Weigh in as Experts in Research (EMPOWER) project.
This work is supported by the Patient-Centered Outcomes Research Institute (PCORI) Engagement Award EAIN-19623 and the National Center for Advancing Translational Sciences of the National Institutes of Health, under award number 2UL1TR001425-05A1.
Facilitated by: **Leslie Yerkes** / leslieyerkes.com
Visual Notes by: **Jo Byrne** / seeyourwords.com

Barriers for care for persons with SUD

Stigma and Engagement with Care

- A recent study by Peacock-Chambers, et. al conducted interviews with postpartum women in recovery explored engagement
- Identified two main reasons individuals with SUD did not continue treatment
  - “How I see myself.”
  - “How I am seen by others.”
- These themes are highly related to stigma by self and others
- Disengagement with care is then a risk factor for worse outcomes and maternal mortality in persons with SUD

Peacock-Chambers et al. 2021

Levels of Stigma

Systemic/Structural	Interpersonal/Societal	Self
• Laws regulating access such as requirement for methadone clinics • Policies that criminalize drug use • Barriers to insurance coverage of treatment	• Stigma by providers and their staff • Family and community toward individuals with OUD	• Internalization of stigmatizing beliefs held by others

Corrigan and Nieweglowski 2018

Types of Stigma

Stereotypes

- Harmful and disrespectful beliefs about a group
- Common part of the human experience and not harmful in and of themselves
- Identified stereotypes of people with SUD: dangerous, self-destructive, and no job potential

Prejudice

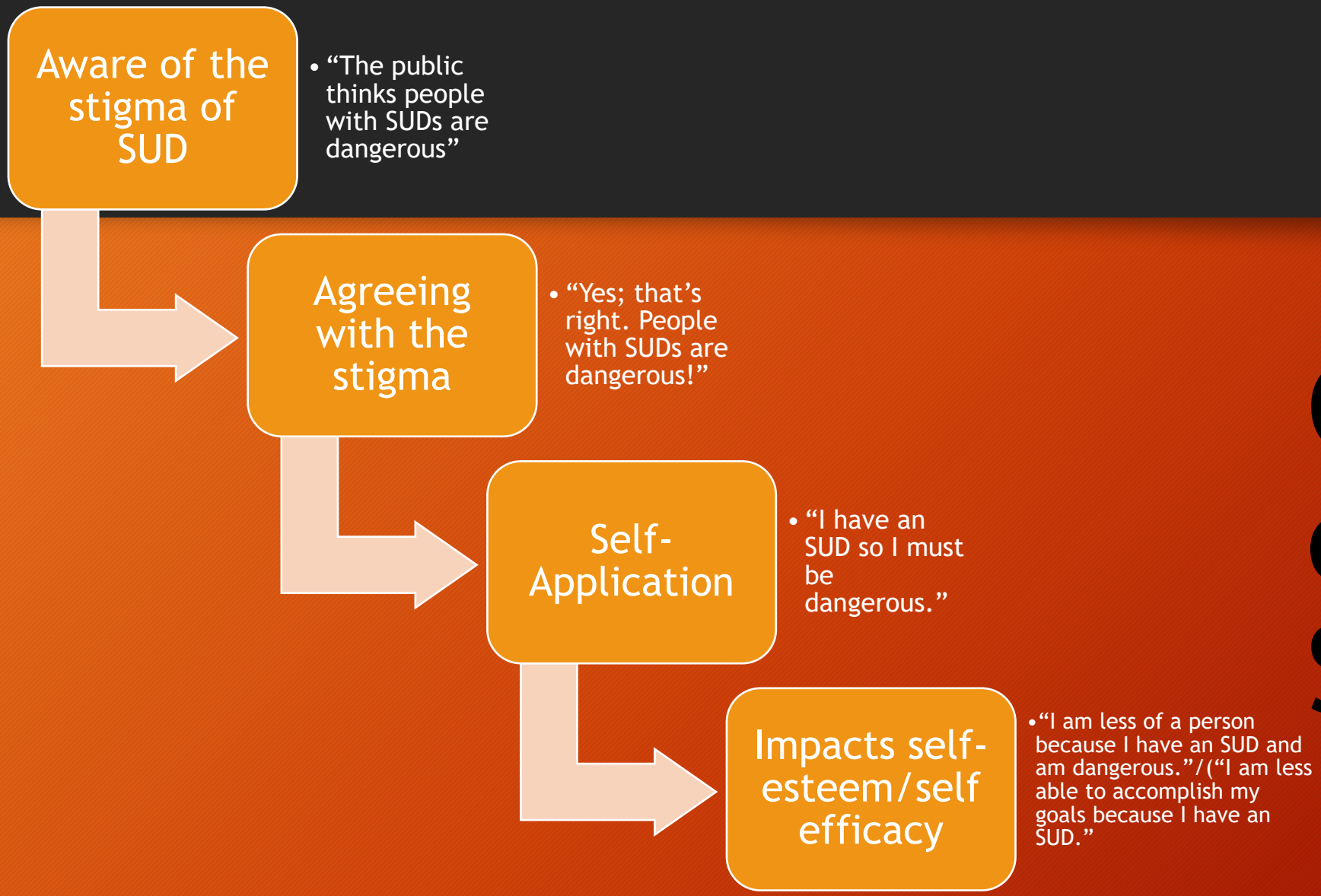
- Belief and application of a stereotype leads to an emotional response

Discrimination

- When prejudice leads to behavior that excludes and devalues individuals

Corrigan and Nieweglowski 2018

Cascade of Self-Stigma



Adapted from Corrigan and Nieweglowski 2018

HUMAN CONNECTION the ANTI-ADDICTION

Self-stigma and Isolation

Health care worker stigma

Empathy + Positive Regard

Substance Use Disorder and Racism

- Racial discrimination is associated with psychological distress among brown and black individuals
- Psychological distress among brown and black individuals is linked to substance misuse
- Racism and pregnancy for brown and black persons
  - Biogenetic explanations are used to increase discrimination in his population
  - Increase in assumption that addiction is “incurable” in this group
  - Greater preoccupation of danger and unfitness of ability to parent

Matsuzaka and Knapp 2020
Hart 2020
Hart and Hart 2019

Biogenetic Explanations Effect on Stigma

- Common strategy in attempts to reduce stigma
- Studies show can lead to reduction of blame of mentally ill
- However, study participants exposed to biogenetic explanations expressed greater belief that those with MI were **dangerous** and **unpredictable**
- Biogenetic explanations also increase the notion of MI/SUD as "hardwired" and fixed and those with MI/SUD as different
- This decreases perception that MI/SUD can be treated
- These effects are pronounced for brown and black individuals where being "othered" and abnormal is part of white supremacy

Corrigan et al. 2017
McCradden et al. 2019
Buchman, Leece, and Orkin 2017

Dangerousness

- Increasing normalization of diagnoses such as anxiety and depression
- Perception of dangerousness in mental illness tend to focus on psychosis
- Those perceived as dangerous tend to experience greater stigma
- In the SUD arena individuals seen as more dangerous include:
  - Persons who inject drugs
  - Pregnant people who use drugs
  - Black and brown individuals
- Being perceived as dangerous increases chances a person will be treated in a punitive instead of therapeutic manner
- It also affects how a person sees themselves

Pescosolido et al. 2010

Interventions that decrease stigma

Levels of Intervention

- System level
- Medical level
- Personal level

System Level Interventions

- Antiracist framework must be applied including:
  - Investigating current practices from an antiracist stance
  - How do our current policies perpetuate inequality?
  - What needs to be changed to promote inclusivity?
- Consideration of the viewpoint of those with SUD who have been or are currently pregnant
- Health, safety and desires of both parent and fetus/neonate need to be considered
- Based on current available research of best practices and policies and not on beliefs largely influenced by stigma

System Level

- Government (National, State, Local) Policies that increase access to:
  - Fair and Safe Housing
  - Food
  - Childcare
  - Transportation
  - Insurance Access/Coverage
  - Reproductive Rights and Services
- Criminal Justice Sector
  - Decriminalization of drug use
  - Expunging current felonies related to drug use
- Child Protection Services
- Health Care Entities
- Research Institutions (Academia, CDC, NIH)

Medical System Level

- Solutions must acknowledge and deal with lack of mental health providers
- Must decrease silos of care between medical and MI/SUD providers
- Integrating care is an anti-stigma intervention
  - Increased, knowledge, comfort and empathy for patients with SUD
  - Increases detection of SUD and MI diagnoses
  - Increases access to care in location where patients are seen and already comfortable

Medical System Level Methods

- Methods for increasing capacity
  - Program ECHO
  - Perinatal Access Programs
  - Collaborative Care Programs
- Interventions acknowledge needs and desires of patients
  - Equity and inclusivity must be considered
  - Patient preference for location of care

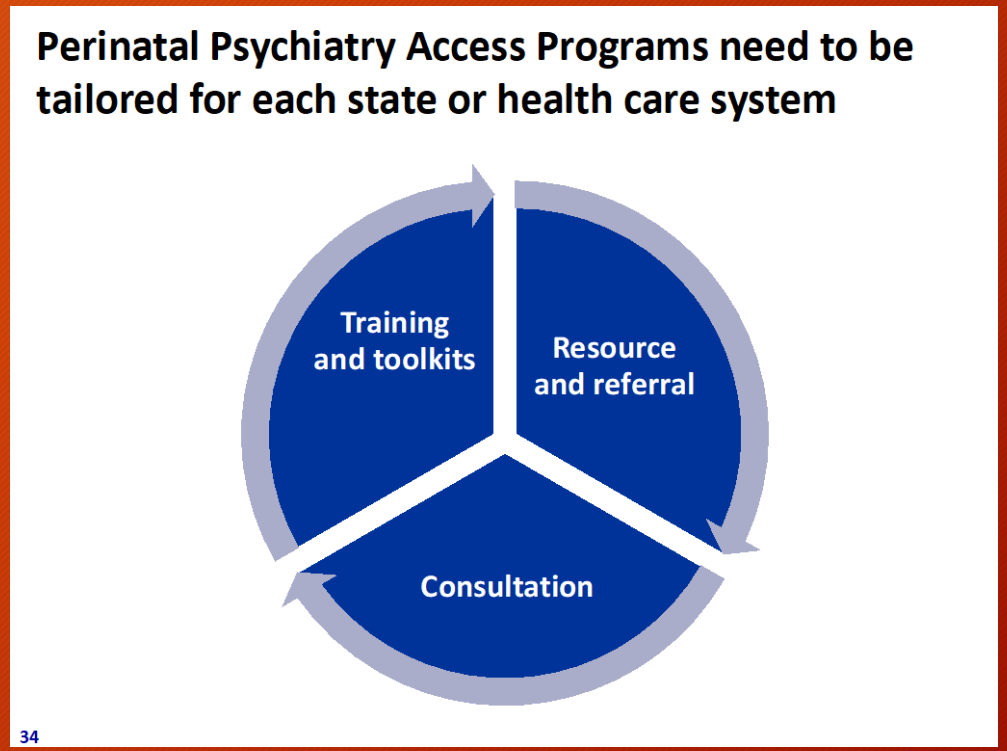
Program ECHO

- Extension for Community Healthcare Outcomes (ECHO)
- Developed in the University of New Mexico
- Originally designed to increase capacity of PCPs to treat Hepatitis C
- Case based CME meant to create a learning community
- Guiding Principles
  - Amplification - use technology to leverage scarce resources
  - Best practices - reduce disparity
  - Case-based learning - master complexity
  - Data - monitor outcomes to increase impact

https://hsc.unm.edu/echo/

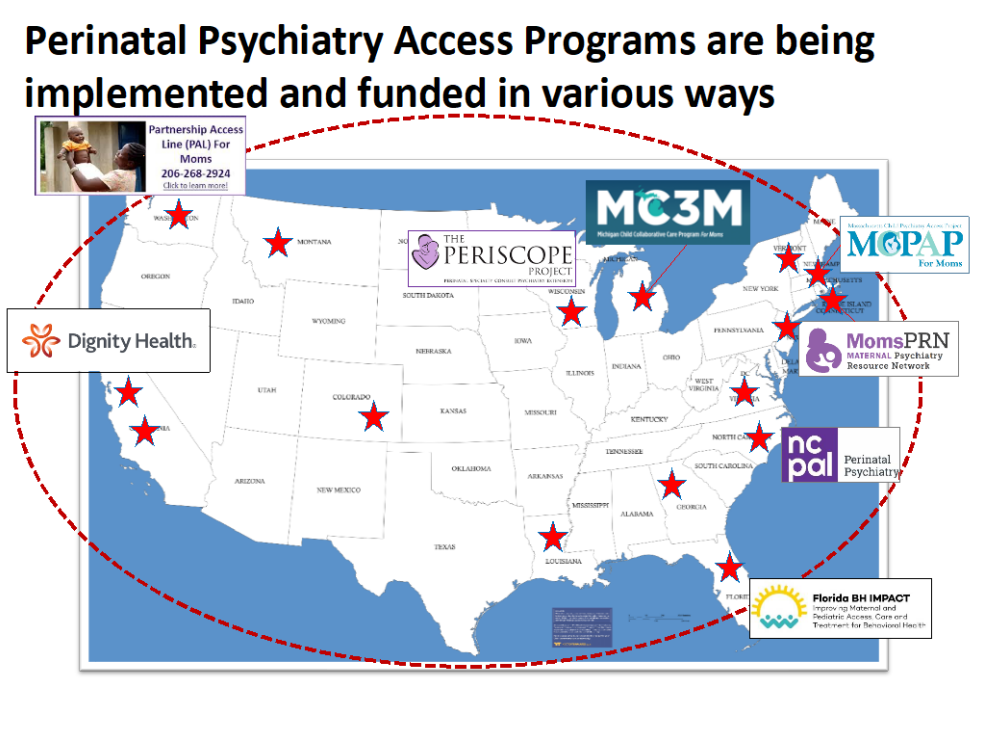
Perinatal Access Programs

- State-wide programs currently in more than 25 states in the US
- Goal to expand access of mental health services by increasing frontline provider's ability to treat these
- PAP's have 3 parts
  - Training
  - Consultation
  - Referrals



Byatt et al., 2019

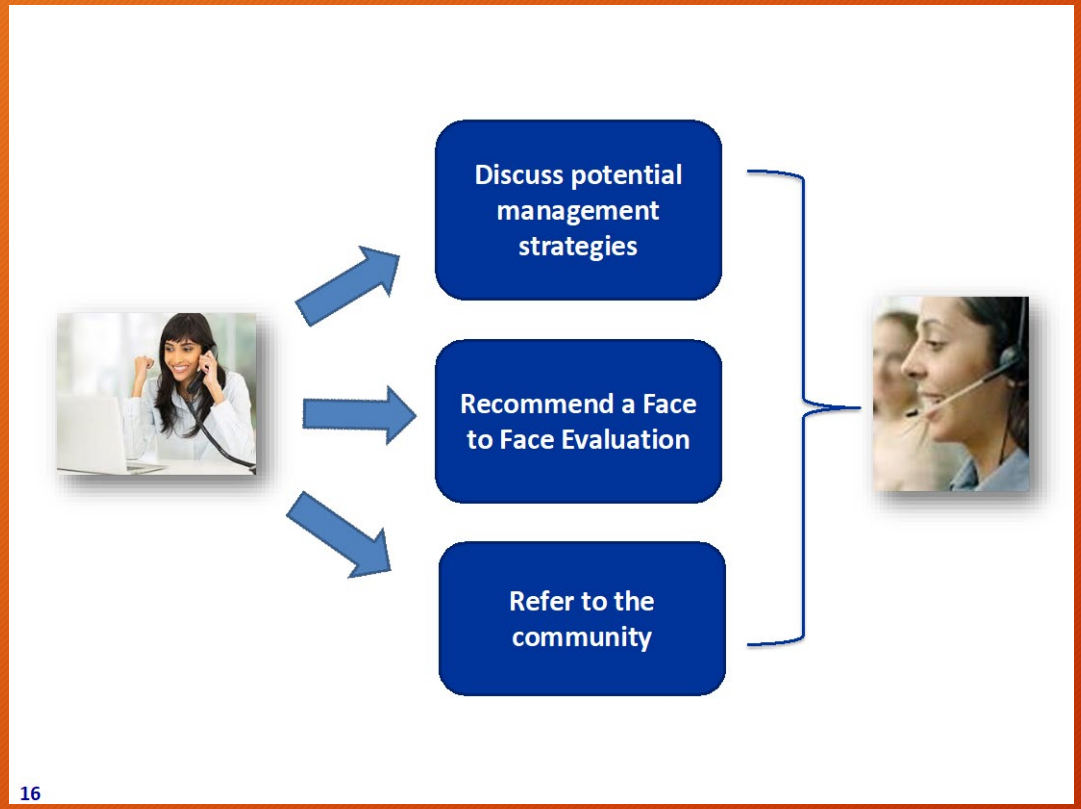
Perinatal Access Programs



- Indiana CHAMP Program
  - Consultations for Healthcare Providers in Addiction, Mental Health and Perinatal
- Will be launching in the first quarter of 2023
- Will be available to all prescribes who take care of perinatal and also adult patients in Indiana

Byatt et al., 2019

Perinatal Access Programs



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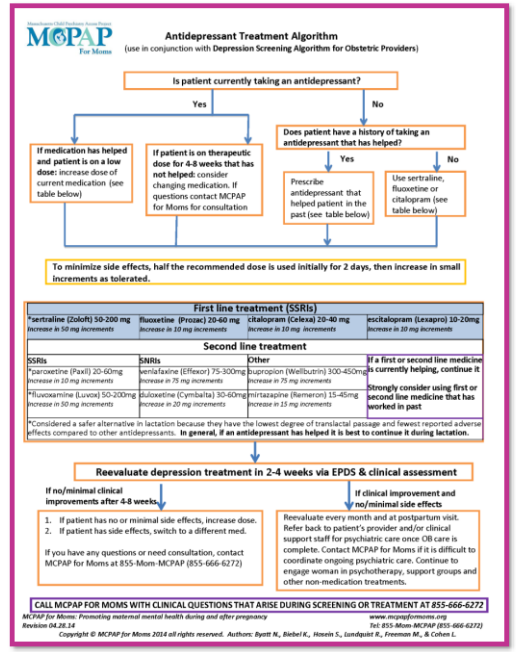
Education occurs through trainings, toolkits, and website resources



Byatt et al., 2019

MCPAP for MOMS

- Complexity of consult questions increases over time in several programs
- As effective in decreasing PHQ-9 Scores on par as those for intensive Programs
- Providers in Ob-Gyn setting disseminate knowledge among themselves
- Patients at clinics benefit even when treated by provider who did not access the service

Byatt et al., 2019

Personal/Interpersonal Level

- What should be the focus of the treatments provided in these settings?
- Stigma Reduction
- Promoting of solutions generated by those with lived experience
  - Considering the broad array of needs
  - Considering the heterogeneity of the populations we are serving
- Harm Reduction Considerations
- Right to self-determination
- Services provided at person's preferred setting
- Co-Occurring Considerations

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Conclusions

- Maternal mortality in the US is higher than other similar nations
- Indiana ranks as one of the states with the highest maternal mortality ratios in the US
- Most the pregnancy associated deaths in US and in Indiana are linked to overdose deaths in people with SUD
- Stigma plays a significant role in these deaths as it is leads to disengagement with treatment
- System, medical and personal level interventions are needed to reverse these trends

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