

“ If you’re on suboxone,  
you’re not in recovery ”

## Medication Assisted Treatment Successes and Stigma

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**Presenters**

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# Acknowledgements

**Lauren Maxim, PhD** (RMC Research)

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# Learning Objectives

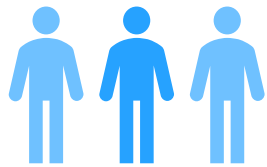
- List successful outcomes of MAT
- Describe stigma experienced by MAT clients
- Discuss ways to increase MAT acceptance and increase treatment utilization



# The Need in Oregon

Oregon has one of the highest rates of prescription opioid misuse in the nation

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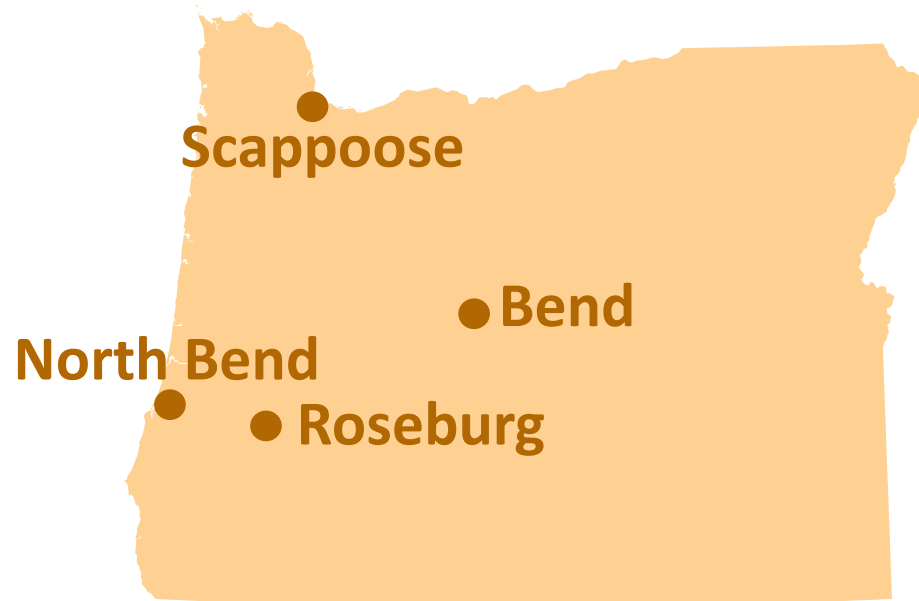
On average **3 Oregonians die** every week from prescription opioid overdose

## Obstacles to accessing MAT

- Limited availability of waived physicians
- Geographical barriers
- Institutional barriers
- Stigma and discrimination



# Oregon's MAT-PDOA grant program targets 4 high-risk, rural communities



**Roseburg**

**Adapt**

(Opioid Treatment Program)

**North Bend**

**Adapt**

(Opioid Treatment Program)

**Bend**

**Bend Treatment Center**

(Opioid Treatment Program)

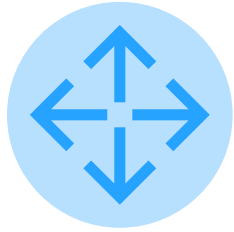
**Scappoose**

**OHSU Family Medicine**

(Primary Care Clinic)



# MAT-PDOA Objectives



Increase access to MAT by expanding treatment service systems and increasing capacity in rural, underserved areas



Improve treatment outcomes and retention



Increase the number of DATA 2000 waived physicians actively prescribing buprenorphine



# MAT-PDOA Evaluation

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- 1 Client Outcome Surveys
- 2 Staff Interviews
- 3 Client Focus Groups



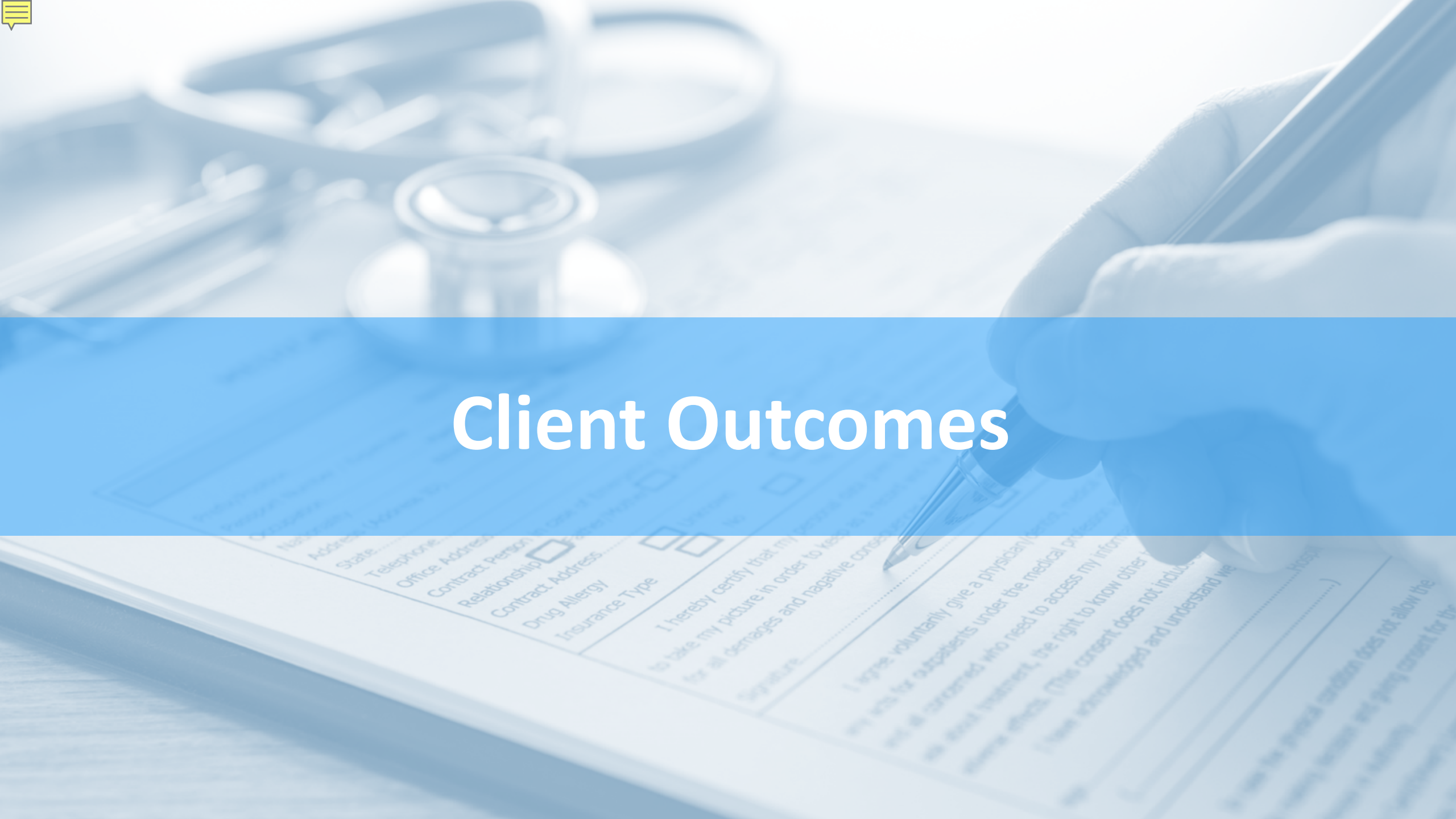
# MAT-PDOA Evaluation

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- 1 Client Outcome Surveys**
- 2 Staff Interviews
- 3 Client Focus Groups**



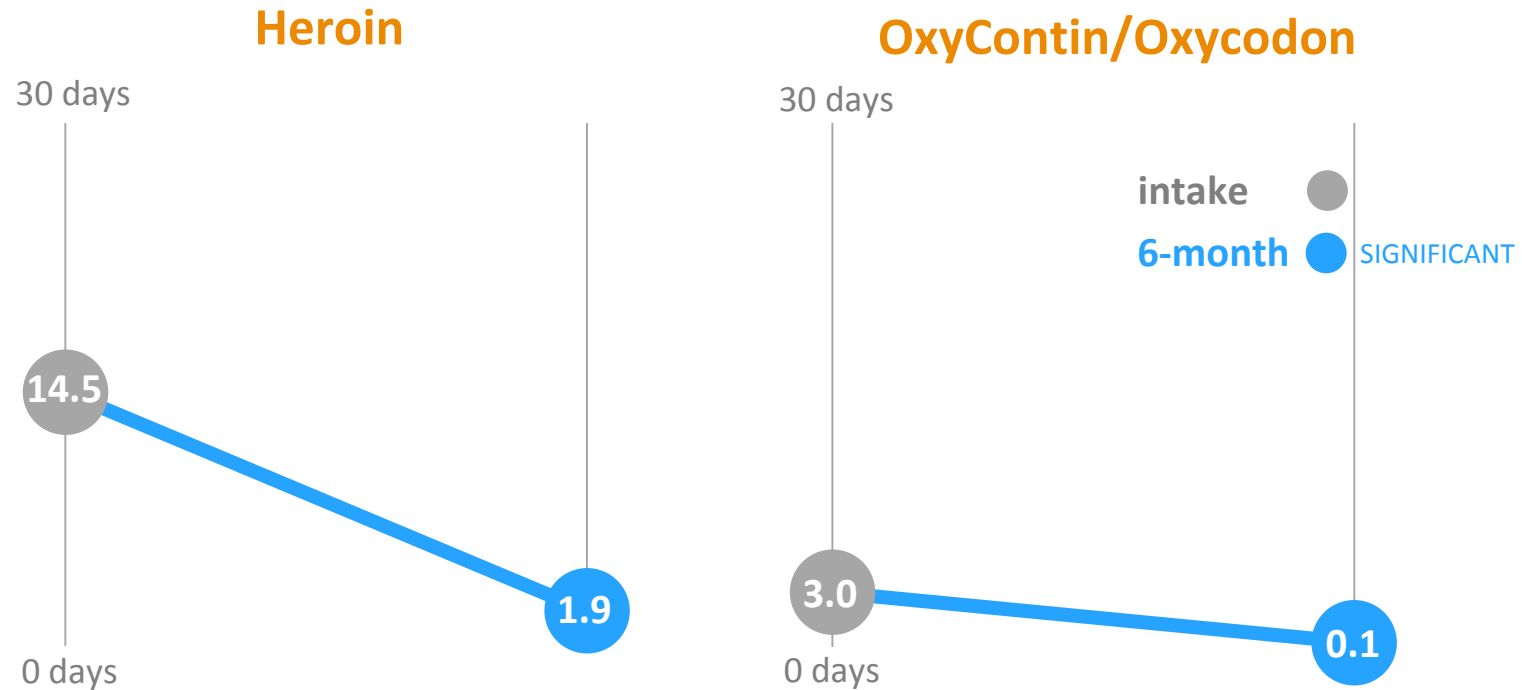
# Client Outcomes



I hereby certify that my personal information is correct and true to the best of my knowledge and belief. I agree to be photographed and videotaped for all damages and negative consequences.

Signature \_\_\_\_\_  
I agree voluntarily give a physician/physician assistant/physician extender/nurse practitioner/physician assistant under the medical professional's direct supervision, the right to know other patients' medical information for the purpose of providing medical services. (This consent does not include information for research or other purposes.)  
I have acknowledged and understand we \_\_\_\_\_ Hospital  
I have been informed and understand that this consent does not allow the physician/physician assistant/physician extender/nurse practitioner to release my information to other health care providers without my consent for the purpose of providing medical services.

# MAT clients used heroin and nonprescribed OxyContin/Oxycodone on fewer days in the past month at 6 months after intake



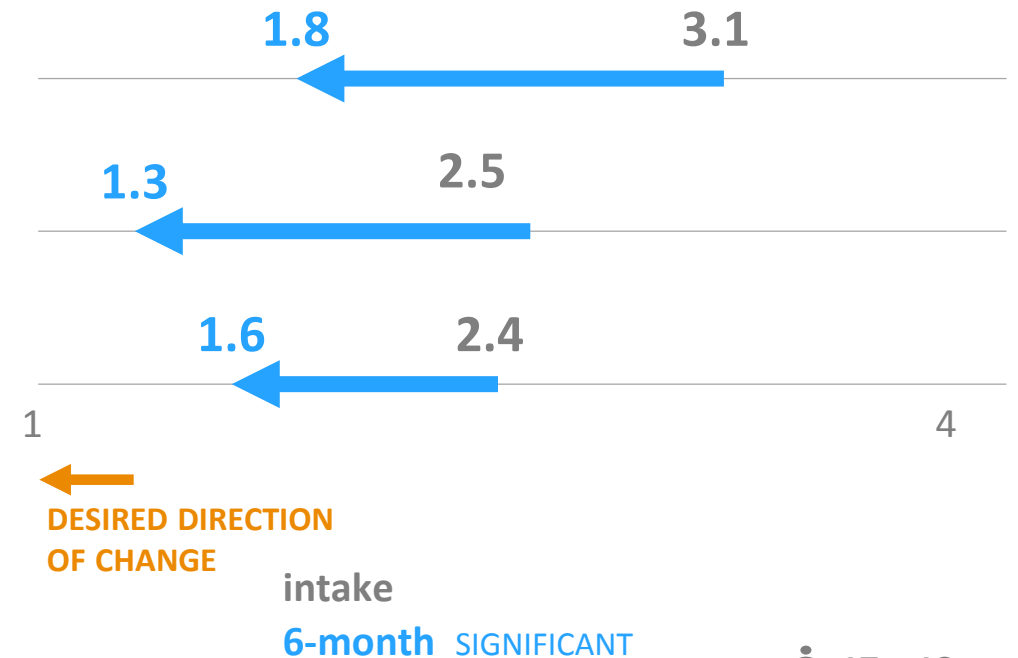
# Clients reported decreased stress, giving up engagement in important activities, and emotional problems due to the use of alcohol or drugs

## During the past 30 days:

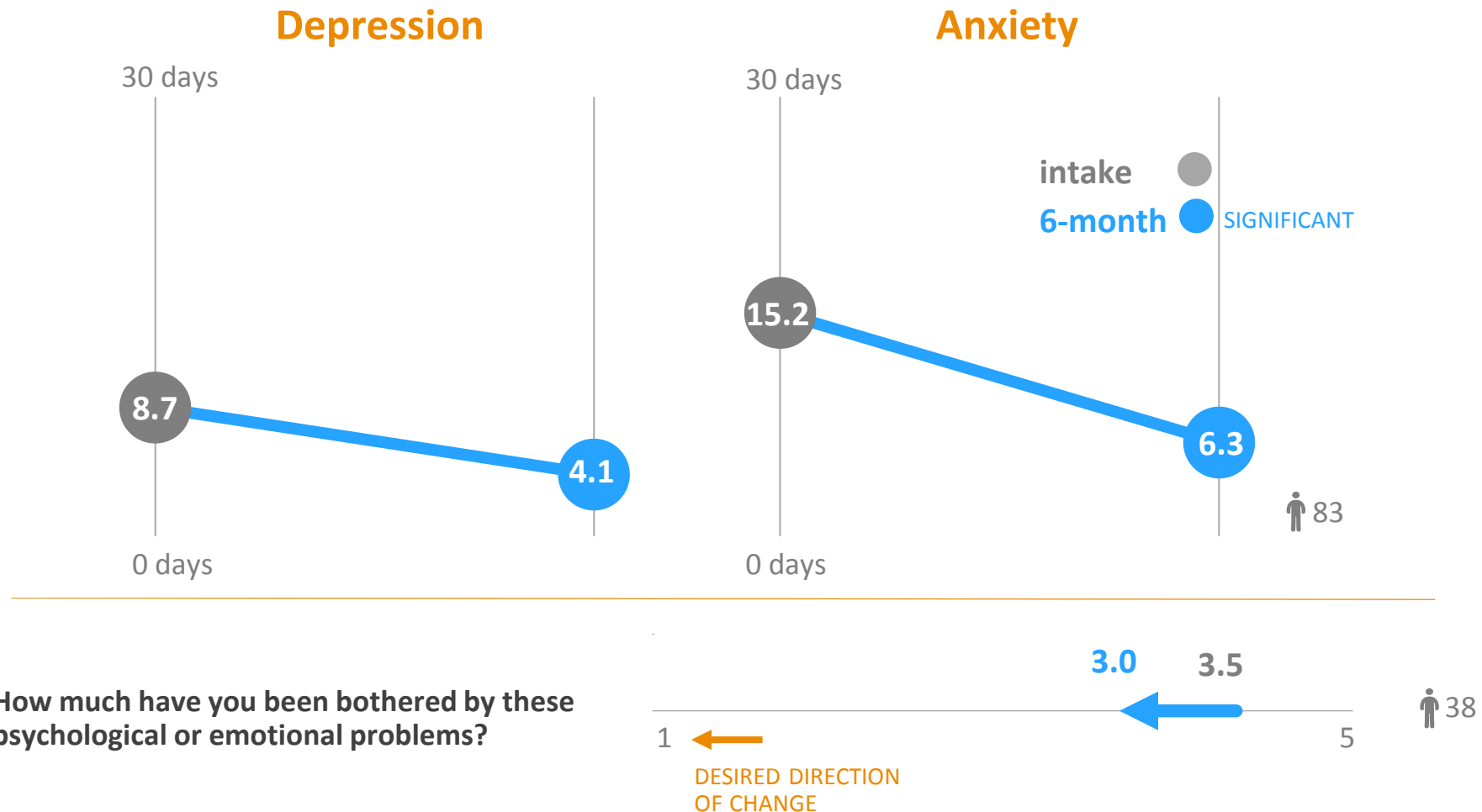
How stressful have things been for you because of your use of alcohol or other drugs?

Has your use of alcohol or other drugs caused you to reduce or give up important activities?

Has your use of alcohol or other drugs caused you to have emotional problems?



# Clients had fewer days of anxiety and depression and improved mental well being in the past month at 6 months after intake





# Clients had mixed outcomes on quality of life indicators

How would you rate your quality of life?



Have you enough money to meet your needs?



Do you have enough energy for everyday life?



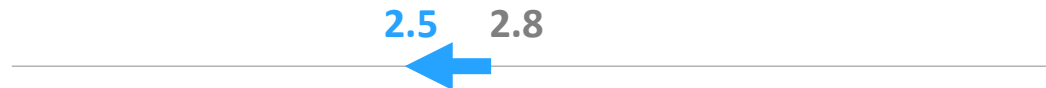
How satisfied are you with your ability to perform your daily activities?



How satisfied are you with your personal relationships?



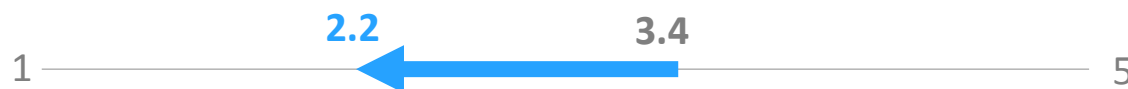
How satisfied are you with the conditions of your living space?



How satisfied are you with your health?



How satisfied are you with yourself?



intake  
6-month SIGNIFICANT

DESIRED DIRECTION  
OF CHANGE



“ My family has seen me quit doing criminality, they have seen me quit chasing the drug and [MAT] just has bettered my life. It’s made me a better person being able to come here. I don’t have to worry about going back to jail or hurt[ing] someone to get a drug, or get[ting] hurt. ”





# Clients' Experiences of Stigma



# Clients' Experiences of Stigma

- Healthcare providers
- Police
- Medical transport drivers
- Treatment community
- Family
- Friends





“ I recently got 14 teeth pulled – when the nurse saw the list of medications I was on, she turned around and told the other lady, “Make sure you write no narcotics on this one.” When I left, I’m taking my Suboxone and I’m thinking okay it’s gonna help with the pain. I was dying, literally dying [of pain]. They just gave no narcotics – nothing. And when I came in [to my primary care clinic] for a check-up, the doctors were like, ‘We would have helped.’ But because of the stigma, you don’t think to ask, and I don’t want to look like I’m pill searching or something. ”



“ My wife tried taking my daughter from me. The cops came –they were like: ‘Well, your wife says you’re on methadone and that obviously impairs your judgment – you shouldn’t have your daughter if you’re gonna be on methadone.’ ”





“ I can't really talk about Suboxone in [off-site group] meetings, but I can talk about it here, and it really feels good to be open. I definitely have more support now that I've come here and have gone to some of the groups and stayed regular. ”





“ My friends and family were so ready for me to stop [using opioids]. They were all like, ‘Thank god, you're doing something and it's working.’ I have almost 3½ years now, so I'm in a good place. Now that I've been in [treatment] over 3 years, people are now like, ‘When are you going to get off [medication]?’ ”







“ I educated a couple of family members and I was kinda like, check it out for yourself if you have a problem with it. I finally have a job. I finally am able to buy a car. I'm in the process of buying a home. I don't want to hear it. I went from literally living in my van to this in the last 2½ years, so to me it is what it is. If I have to take suboxone for the rest of my life, that's up to me. ”



“ The people that are in my recovery with me now understand that because I’m under a doctor’s care and I receive medications—they don’t pass judgment on me. It’s not like I’m going out on the street and buying. They just see that I’m becoming a better person and it’s helping me, and they’re happy to see that after so many years. ”







**How can we increase MAT acceptance and increase treatment utilization?**



# Understanding types of stigma

➤ Self

➤ Social

➤ Structural

Livingston, J.D., Milne T., Fang M.L., & Amari, E. (2011). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction*, 107, 39-50.



# Strategies to Reduce Stigma

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Education



Direct contact



# Example Strategies to Address Types of Stigma:

## Self stigma

Methadone anonymous

## Social stigma



Stigma Free West Virginia

## Structural stigma



Registered Nurses Association of Ontario

# We can all change the way we talk about Opioid Use Disorders

AVOID		INSTEAD, USE
Addict, junkie	➔	Person with substance use disorder
Medication Assisted Treatment	➔	Medications for Addiction Treatment, Opioid Agonist Therapy
Clean urine	➔	Negative urine drug screen



[For more tips see: SAMSHA's Center for the Application of Prevention Technologies, Words Matter: How Language Choice Can Reduce Stigma](#)

# Wrap Up

- MAT clients are having positive outcomes
- MAT clients continue to experience stigma related to being in MAT
- Let's work together to mitigate MAT-related stigma so we can continue to promote the health and wellness of all Oregonians and help our communities thrive!



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