

It Is Time We Seize the Opportunity to Address SUD Stigma in the U.S. Healthcare System

Across our nation, far too often patients are treated rudely or provided inferior care when their healthcare provider learns that they use drugs, have a history of using drugs or are in recovery. Stigma is often the primary barrier for people seeking help. To shift these negative perceptions and improve care within our healthcare systems, we first must develop insight into the scope of the problem. Then we must commit to changing it.

In April 2022, Elveyst and PRO-A released a report highlighting a large-scale survey of Americans' opinions regarding perceived social stigma against People Who Use Drugs or are In Recovery (PWUD/IR). [How Bad Is It, Really? Stigma Against Drug Use and Recovery in the United States](#) examined differences in perceived societal stigma across a vast range of demographic factors, including age, race, and socioeconomic status. The key learning from that research endeavor was that, despite major efforts by governmental bodies and the nonprofit sector to combat stigma against PWUD/IR, perceived societal stigma remains highly prevalent.

Consequently, it is a significant obstacle to improving the policies and practices that can reduce stigma, save lives, and help people thrive in recovery.

We just released a new report earlier this week, [Opportunities for Change, An analysis of drug use and recovery stigma in the U.S. healthcare system](#). It is the largest research survey to date assessing endorsed and perceived substance use and recovery stigma expressed by U.S. healthcare workers, as compared to non-healthcare workers. The report includes key findings from health care workers from across the country, including doctors, nurses, pharmacists, social workers, paramedics, and healthcare systems support staff.

We decided to examine stigma in medical care settings because improving care for PWUD/IR cannot effectively occur unless we understand the breath and scope of negative perceptions that exist in our healing institutions. The attitudes, perceptions, and biases that healthcare workers have in respect to drug use negatively impact patient care. This is a topic I have explored here many times, including in the May 2022 post on [Algorithms of Medical Care Discrimination](#).

The totality of negativity surrounding drug use and recovery in the healthcare setting is vast, impacting views within the professional practice of many healthcare workers who care for PWUD/IR. It results in [fewer people seeking help](#).

It is a case of "physician heal thyself" as the attitudes are killing those who hold them. 40% of healthcare professionals we surveyed use drugs, have an SUD, or are in recovery. The Ohio PHP Executive Report [Impact of the Covid-19 Pandemic on the Health and Well-being of Ohio's Healthcare Workers](#), notes that substance use increased 25% during the pandemic. There was also a 375% increase in healthcare workers who report feeling hopeless and overwhelmed. Just like the rest of us, many used drugs to cope with the pain that came with the pandemic. When their use becomes problematic, healthcare workers don't seek help because of the very attitudes held across their own professions.

There is no time to change like the urgency created in a crisis. This crisis provides us an opportunity to change our attitudes about one of our biggest public health crisis. It is our hope that are work here contributes to changing the attitudes about substance misuse and addiction within our healthcare system. Changing these attitudes is paramount to improving SUD and other healthcare for PWUD/IR across our nation. In respect to our newest report, Opportunities for Change, our findings include:

- Healthcare workers are slightly more positive than the public about the possibility that a person can maintain recovery, yet 38%, (nearly four out of ten), believe a person has a low or no chance of maintaining recovery.
- The PWUD/IR cohort reported the most favorability toward harm reduction, followed by the healthcare provider cohort, followed by all participants.



- Healthcare workers who answered that they are “definitely not willing” to have a PWUD/IR neighbor also answered that PWUD/IR receive worse care (28%), rather than the same care (21%) or better care (22 %).

We conducted this groundbreaking survey in order to improve the care of PWUD/IR receive within our healthcare systems. We cannot properly help people who experience issues with their substance use within a system of care with these pervasive attitudes. This is our opportunity for change and millions of Americans are depending on us to improve these attitudes and by extension the care provided to PWUD/IR.

Substance misuse and addiction and the corresponding stigma are complex issues which will require broad systemic changes to resolve. Addressing these issues will require leadership that brings together our healthcare systems and the communities impacted by the pervasive negative perceptions that exist within these systems. There is cause for hope, as we note that there are segments of care within these facets of this survey which suggest more open attitudes about us, but much more needs to be done. We envision processes that support dialogue to improve these perceptions and as a result, improve the healthcare of millions of Americans who use drugs or are in recovery.

Please feel free to circulate this [report](#). Please also share your thoughts on our findings and on ways to improve the attitudes about substance use or to continue this much needed conversation.

Post link [HERE](#)