

The Problem:

Stigma is defined as prejudicial attitudes and discrimination toward a socially devalued attribute or behavior.¹ Although medications such as methadone, buprenorphine, and naltrexone are the most effective treatment for opioid use disorder (OUD),² recent research has demonstrated several ways that stigma among health care providers can negatively impact patients' access to medications for OUD (MOUD) treatment.^{3,4} First, when a person with substance use disorder (SUD) perceives stigma or bias in a healthcare setting they are less likely to return for care or seek treatment.⁵ Second, when patients seek OUD treatment in a primary care setting, providers who have less familiarity with and greater stigma toward OUD are less willing to offer or refer patients for treatment.¹ And third, providers who hold stigmatizing views about OUD are less willing to prescribe MOUD treatment.^{3,5}

In baseline needs assessments conducted by the University of Vermont Center on Rural Addiction (UVM CORA), a meaningful percentage of rural healthcare practitioners in Vermont, New Hampshire, and Maine reported stigmatizing beliefs about MOUD (Figure 1). Rural practitioners also endorsed stigma as among the top barriers to patients receiving OUD treatment.

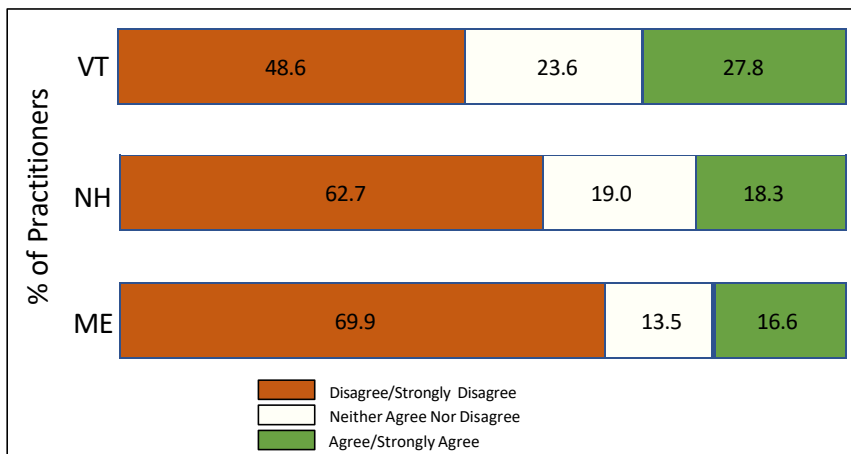


Figure 1. Agreement with the statement, “Medications given to treat people with opioid use disorder (such as methadone or buprenorphine) replace addiction to one kind of drug with another,” among rural practitioner respondents to UVM CORA’s baseline needs assessments.

Interventions:

Increased exposure to people with OUD and education about MOUD treatment during medical training and in clinical practice is essential to reducing provider stigma.^{1,3}

Language: Education about the impact of stigmatizing language on patients' engagement in care and the adoption of person-first language (e.g., “person with OUD” rather than “substance user”) can decrease provider stigma toward patients with OUD.^{1,3,6} The National Institute on Drug Abuse’s resource, [Words Matter](#), serves as a helpful starting point.⁷

Resources: For additional resources, please see UVM CORA’s [Resources](#) and [Community Rounds](#), the University of Rochester’s [Campaign to Reduce Stigma](#), and the Rural Communities Opioid Response Program (RCORP)’s [Resources](#).

For more information or to access these and other resources, please contact cora@uvm.edu.

1. Brown, R.L., *et al.* Opioid use-related stigma and health care decision-making. *Psychol Addict Behav* (2022).
2. Mattick R.P., *et al.* Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database of Systematic Reviews* 2014, Issue 2. Art. No.: CD002207.
3. Stone, E.M., *et al.* The role of stigma in U.S. primary care physicians' treatment of opioid use disorder. *Drug Alcohol Depend* **221**, (2021).
4. . Madden, E.F., *et al.* Intervention Stigma toward Medications for Opioid Use Disorder: A Systematic Review. *Subst Use Misuse* **56**, 2181-2201 (2021).
5. Tuliao, A.P. & Holyoak, D. Psychometric properties of the perceived stigma towards substance users scale: factor structure, internal consistency, and associations with help-seeking variables. *Am J Drug Alcohol Abuse* **46**, 158-166 (2020).
6. Kennedy-Hendricks, A., *et al.* Effect of Exposure to Visual Campaigns and Narrative Vignettes on Addiction Stigma Among Health Care Professionals: A Randomized Clinical Trial. *JAMA Netw Open* **5**, e2146971 (2022).
7. National Institute on Drug Abuse. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

As the Rural Communities Opioid Response Program (RCORP) - Rural Center of Excellence (RCOE) on SUD Treatment, University of Vermont provides access to a wide range of resources on relevant topics. Inclusion on this document does not imply endorsement of, or agreement with, the contents by The University of Vermont Center on Rural Addiction RCOE on SUD Treatment or the Health Resources and Services Administration.

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