

**WELCOME**

*The Effects of Stigma on Service Access and Engagement*

*Featuring Dr. Heather Briscoe and Ms. Stephanie Jeffcoat*

August 7, 2024  
12:00-1:00pm PDT

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**THANK YOU FOR JOINING US TODAY!**

Please keep cameras and microphones off for this webinar session

Audio Settings ^

Chat

Leave

Ask the presenters questions by writing them in the Chat Box

The presentation will be sent to attendees following the webinar.

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# Register for Session III

**Session III: Resources for Healthcare Providers**

Featuring: **Jewel Loff** and **April Thornton**  
**Live Webinar:** Wednesday, August 28, 2024, 12:00pm-1:00pm PDT



Scan to Register

This panel discussion will provide information on services and resources designed to support pregnant people affected by substance use.

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# TODAY'S SPEAKERS



Heather Briscoe, MD



Stephanie Jeffcoat

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# Stigma and Substance Use in Pregnancy



Dr Heather Briscoe  
Associate Professor of Pediatrics, UCSF  
August 7, 2024

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## Understanding Stigma

Definition - **Stigma is essentially a mark of disgrace that sets a person apart from others.** It involves negative stereotypes and discrimination, often leading to a 'spoiled identity.'

For example, when someone is labeled as a 'drug addict,' it can overshadow all other aspects of their identity, reducing them to a single, negative characteristic.



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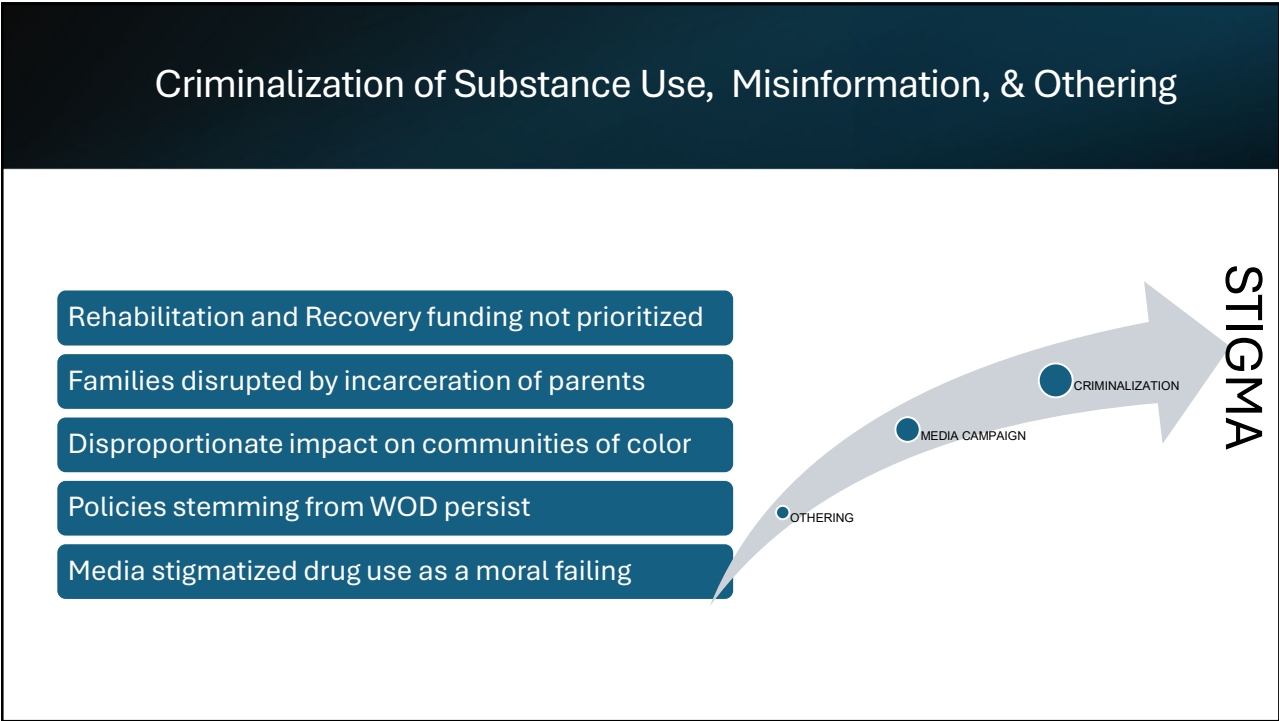
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## War on (People who use) Drugs – Identity Politics

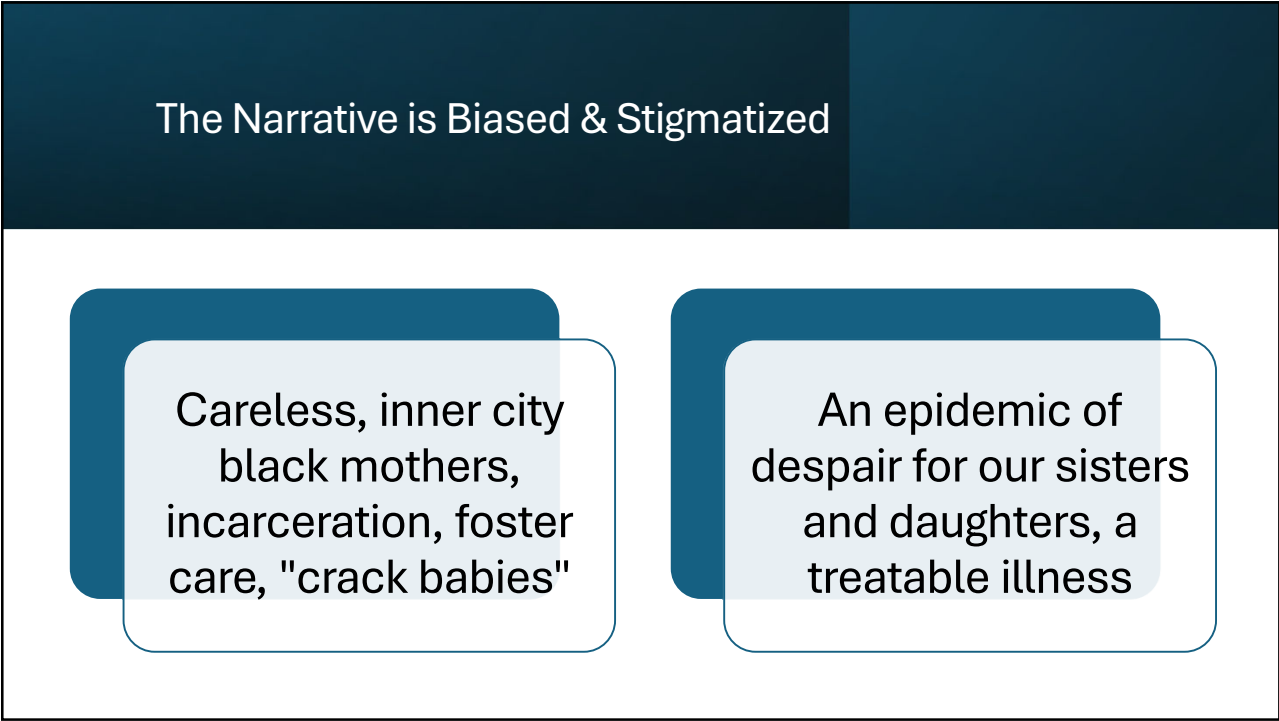
**“The Nixon campaign in 1968 and the Nixon White House after that had two enemies: the anti-war left and Black people. You understand what I’m saying? We knew we couldn’t make it illegal to be either against the war or Black but by getting the public to associate hippies with marijuana and Blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”**

JOHN EHRLICHMAN, Advisor to Nixon  
*speaking to author Dan Baum in 1994*

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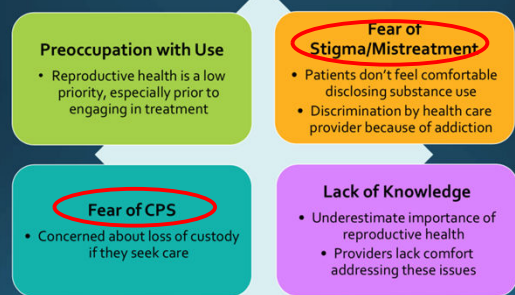
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## STIGMA - A BARRIER TO CARE

Women accessing care at 30 substance use treatment programs, Michigan

| Barriers to Reproductive Health         | Percent |
|---|---------|
| Cost                                    | 43      |
| Stigma/fear of mistreatment             | 36      |
| Fear of results                         | 23      |
| Fear of child protective services (CPS) | 27      |
| Lack of transport                       | 22      |
| Don't know where to go                  | 23      |

### Interviews: Emerging Themes



Slide tribute: Dr N Seidman

Lauren MacAfee, Obstet & Gynecol 2020

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# STIGMA – IMPACTS CARE DELIVERY

## Common among medical students and residents

Trainees' knowledge, attitudes, and practices towards caring for the substance-exposed mother-infant dyad

David M Schiff<sup>1,2</sup>, Barry Zuckerman<sup>1,2</sup>, Elisha M Wachman<sup>1,2,3</sup>, Megan Bair-Merritt<sup>1,2</sup>

Table 1. Demographic characteristics of the sample.

| Characteristic <sup>a</sup>        | Analytic sample (N = 229) n (%) | Students (n = 99) n (%) | Residents (n = 130) n (%) |
|------------------------------------|---------------------------------|-------------------------|---------------------------|
| Personal experience with addiction | 113 (49.8)                      | 47 (48.0)               | 66 (51.2)                 |
| Personal experience with abuse     | 114 (50.2)                      | 47 (48.0)               | 67 (51.9)                 |

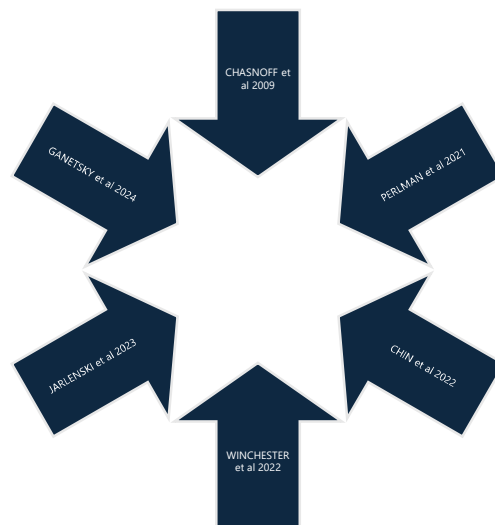
| Question  | Overall | Medical Students | Interns | Residents |
|---|---------|------------------|---------|-----------|
| I feel <b>angry</b> towards women who use drugs while they are pregnant                             | 48%     | 55%              | 54%     | 37%       |
| Mothers who use drugs during pregnancy should <b>not be allowed to retain custody</b> of their kids | 38%     | 44%              | 34%     | 34%       |
| Mothers who use drugs <b>over utilize health care</b> resources                                     | 46%     | 57%              | 49%     | 33%       |

Slide: Courtesy Mishka Terplan, MD MPH

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## Compound Stigma – Intersecting Biases: Race, Toxicology, & CPS Disparities



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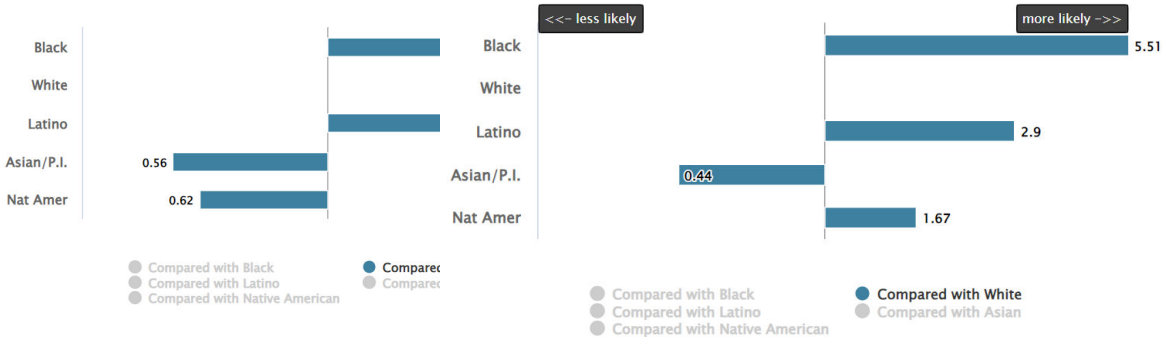
# Orange County CPS Allegations & Entries

California Child Welfare Indicators Project (CCWIP)  
 University of California at Berkeley  
 California Department of Social Services, Research and Data Insights Branch  
 2023 Disparity Indices by Ethnicity  
 Selected Subset: Type of Analysis: Allegations

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Orange

Orange



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## Stigma and Reproductive Health Service Access Among Women in Treatment for Substance Use Disorder

Madelyn McCartin, BSN, RN • Lindsay M. Cannon, MPH, MSW • Roxanne F. Harfmann, BA •  
 Vanessa K. Dalton, MD, MPH • Lauren K. MacAfee, MD, MSc • Yasamin Kusunoki, PhD, MPH

“Compared to those in the **“substance use disorder”** condition, those in the **“substance abuser”** condition agreed more with the notion that the character was **personally culpable** and that **punitive** measures should be taken.”

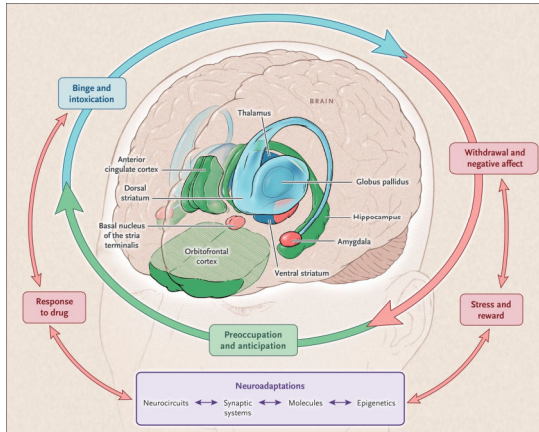
LANGUAGE MATTERS

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Substance use disorders are a health condition:  
*what we know vs. what we do*

Addiction is a **brain disease**

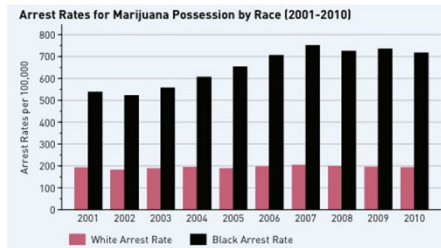


Volkow ND, et al. NEJM. 2016.

Slide tribute: Dr N Seidman

Addiction is a **crime**

**HALF** of the people in federal prisons are serving time for a **drug offense**

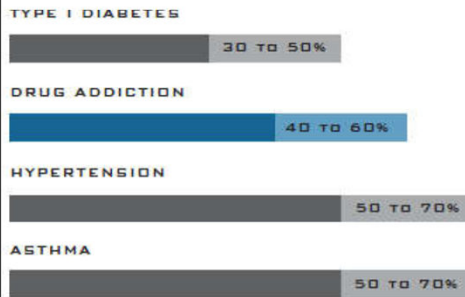


<https://www.sentencingproject.org/issues/drugpolicy/>  
<https://www.washingtonpost.com/news/wonk/wp/2013/06/04/the-blackwhite-marijuana-arrest-gap-in-nine-charts/>

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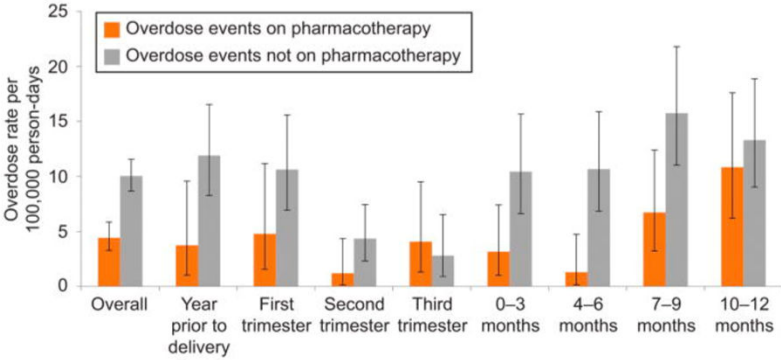
Addiction is a **treatable** chronic medical disease that has a **good prognosis**.

Percentage of Patients Who Relapse



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**TREATMENT SAVES LIVES**

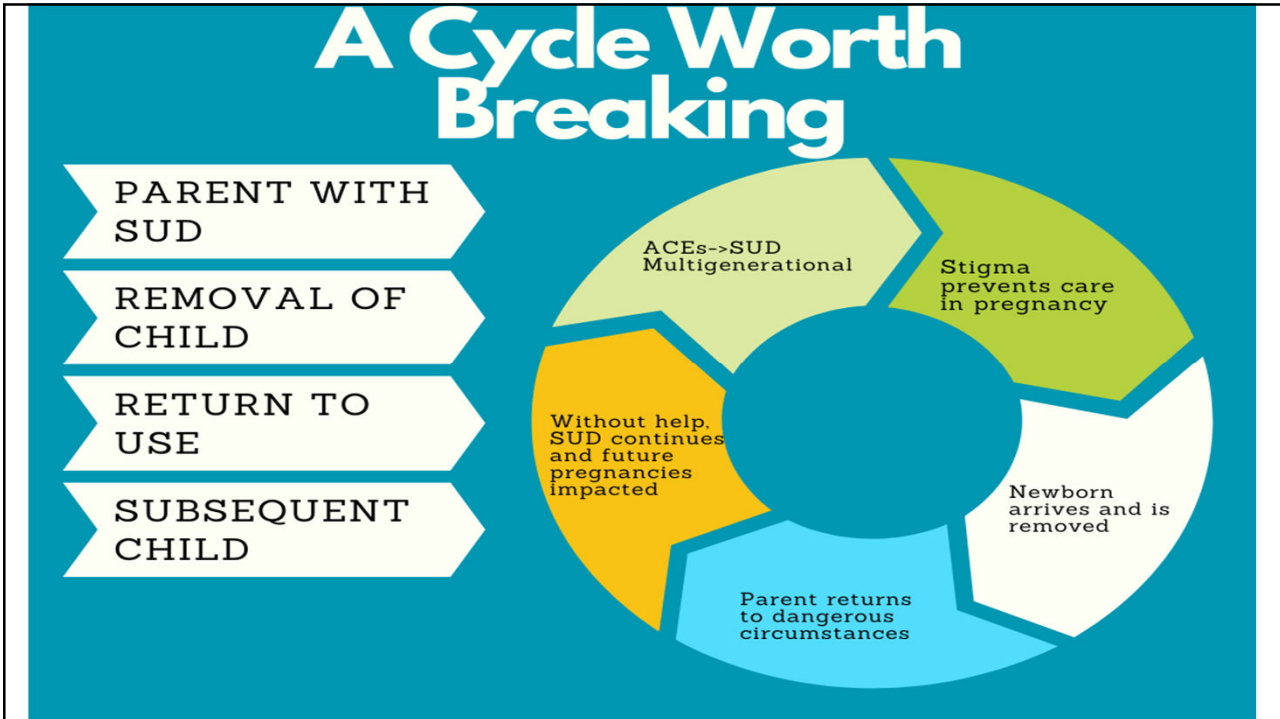


Schiff et al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. *Obstet & Gynecol* 2018.

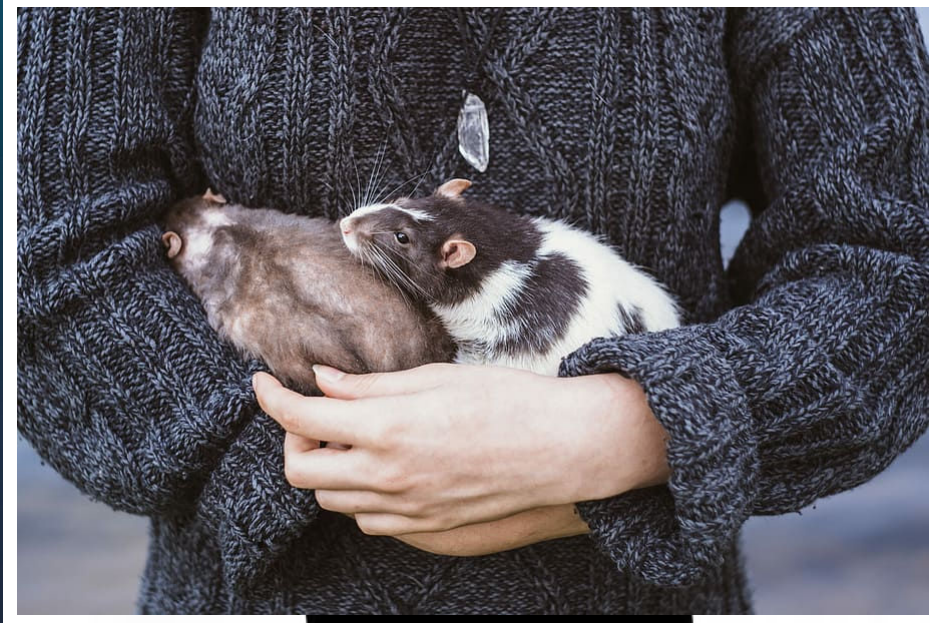
Slide tribute: Dr N Seidman

Schiff, Davida M et al. "Assessment of Racial and Ethnic Disparities in the Use of Medication to Treat Opioid Use Disorder Among Pregnant Women in Massachusetts." *JAMA network open* vol. 3,5 e205734. 1 May. 2020, doi:10.1001/jamanetworkopen.2020.5734

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## Strategies to Reduce Stigma and Improve Care

### Create low-barrier access to care

- Flexible appointment times & provider access, no wrong door, harm reduction models

### Create welcoming, supportive spaces

- Offer concrete support including service navigation
- Elicit and support their values & priorities
- Assess their readiness to engage in recovery
- Meet them where they are
- Treat them with dignity
- Help identify strengths and align community support

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## Reduce Stigma: Practical Tips for Staff/Providers

|                   |   |
|-------------------|---|
| <b>Use</b>        | Use person first and strength-based language  |
| <b>Seek</b>       | Seek skills in trauma-informed care and cultural humility                                       |
| <b>Encourage</b>  | Encourage birth parents to spend time in the nursery, and help them feel welcome and not judged |
| <b>Celebrate</b>  | Celebrate wins, such as being open to recovery, or providing breast milk                        |
| <b>Understand</b> | Understand substance use disorders and MOUD   |

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**POLICY STATEMENT** Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

**American Academy  
of Pediatrics**  
DEDICATED TO THE HEALTH OF ALL

## Recommended Terminology for Substance Use Disorders in the Care of Children, Adolescents, Young Adults, and Families

Rachel H. Alinsky, MD, MPH, FAAP;<sup>a</sup> Scott E. Hadland, MD, MPH, MS, FAAP;<sup>b</sup> Joanna Quigley, MD, FAAP;<sup>c</sup> Stephen W. Patrick, MD, MPH, MS, FAAP;<sup>d</sup> COMMITTEE ON SUBSTANCE USE AND PREVENTION

- AAP joined many large organizations & became 1<sup>st</sup> pediatric society to provide recommendations for medically accurate, person-first non-stigmatizing language
- Guidance for pediatricians, media, policymakers, government agencies, and AAP publications

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## 1. Terminology regarding substance use

| Say This:  | Not This:   | Here's Why:  |
|--|---|--|
| <b>Substance use disorder</b><br>[insert specific substance: opioid, cocaine, alcohol, etc] use disorder | Drug abuse/dependence<br>Substance abuse/dependence                               | Diagnostic terms "substance abuse" and "dependence" in DSM-IV have been combined in DSM-V into "substance use disorder."   |
| <b>Addiction</b>   |   |  |
| <b>Substance use</b>   | Substance abuse   | Substance use exists on a continuum, not all of which constitutes a diagnosable substance use disorder, thus these terms describe substance use that risks health consequences |
| <b>Hazardous substance use</b>   | Drug habit  |  |
| <b>Unhealthy substance use</b>   | Vice  |  |
| <b>Problematic substance use</b>   |   |  |
| <b>Non-medical prescription opioid use</b>   | Prescription opioid abuse   | Refers to using opioids/other prescription drugs in a way other than as prescribed or by a person to whom they were not prescribed   |
| <b>Non-medical prescription drug use</b>   | Prescription drug abuse   |  |
| <b>Non-medical prescription medication use</b>   |   |  |
| <b>Intoxicated or in withdrawal</b>  | Strung out, tweaking, high, drunk [and other colloquial substance-specific terms] | Uses medically-accurate language to describe state of intoxication or in withdrawal from a substance   |
| <b>Using</b>   | Getting high  | Less stigmatizing way to describe the act of using a substance to reach intoxication   |
| <b>Drinking</b>  | Getting drunk   |  |

Rachel H. Alinsky, Scott E. Hadland, Joanna Quigley, Stephen W. Patrick, COMMITTEE ON SUBSTANCE USE AND PREVENTION; Recommended Terminology for Substance Use Disorders in the Care of Children, Adolescents, Young Adults, and Families. *Pediatrics* June 2022; 149 (6): e2022057529. 10.1542/peds.2022-057529

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## 2. Person-first language

| Say This:  | Not This:  | Here's Why:  |
|--|--|--|
| <b>Person with a substance use disorder</b>  | Substance/drug abuser, addict, junkie, druggie, stoner, alcoholic, drunk [and other colloquial substance-specific terms] | Uses person-first language, as individuals are not defined solely by their substance use.  |
| <b>Person who uses</b><br>[insert specific substance: opioid, cocaine, alcohol, etc] | Drug user, heroin user, drinker, crackhead, pothead, drug-seeking [and other colloquial substance-specific terms]        | If unsure of whether the individual has a diagnosed disorder, then the description of "a person who uses [insert specific substance]" is most appropriate. |
| <b>Person who injects drugs (PWID)</b>   | Injection drug user  |  |

Rachel H. Alinsky, Scott E. Hadland, Joanna Quigley, Stephen W. Patrick, COMMITTEE ON SUBSTANCE USE AND PREVENTION; Recommended Terminology for Substance Use Disorders in the Care of Children, Adolescents, Young Adults, and Families. *Pediatrics* June 2022; 149 (6): e2022057529. 10.1542/peds.2022-057529

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## 2. Person-first language

| Say This:  | Not This:   | Here's Why:   |
|--|---|---|
| <b>Treatment was not effective</b><br><b>Patient in need of more support/higher level of treatment</b>   | Patient who failed treatment<br>Noncompliant, non-adherent                  | Refers to treatment not meeting the needs of the patient or the patient needing a higher level of treatment, rather than the patient failing  |
| <b>Person with multiple recurrences</b><br><b>Person with multiple treatment admissions</b>  | Frequent flyer<br>Recidivist  | Less stigmatizing way to refer to someone with recurrence of their substance use disorder, rather than referencing it as a criminal offense   |
| <b>Infant/baby with neonatal withdrawal syndrome</b><br><b>Infant/baby born substance-exposed</b><br><b>Infant/baby with physiologic dependence/withdrawal</b> | Addicted baby<br>Born addicted<br>Drug-endangered<br>NAS baby<br>Crack baby | An infant cannot be diagnosed with a "substance use disorder," characterized by repeated use despite harmful consequences; they can develop physiologic dependence to a substance such as opioids |
| <b>Concerned love one</b>  | Enabler   | Less stigmatizing way to describe a loved one who supports someone with a substance use disorder and may protect them from the negative consequences of their substance use                       |

Rachel H. Alinsky, Scott E. Hadland, Joanna Quigley, Stephen W. Patrick, COMMITTEE ON SUBSTANCE USE AND PREVENTION; Recommended Terminology for Substance Use Disorders in the Care of Children, Adolescents, Young Adults, and Families. *Pediatrics* June 2022; 149 (6): e2022057529. 10.1542/peds.2022-057529

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## 3. Terminology re treatment of SUDs

| Say This:   | Not This:  | Here's Why:  |
|---|--|--|
| <b>Treatment, pharmacotherapy</b><br><b>Medication for addiction treatment (MAT)</b><br><b>Medication for opioid use disorder (MOUD)</b>                                      | Medication-assisted treatment (MAT)<br>Opioid substitution therapy<br>Opioid replacement therapy | Medication is treatment, and should not be referenced as "assisting" some other treatment, or as substituting one opioid for another; if use of acronym "MAT" is desired, recommend using it to refer to term "medication for addiction treatment" |
| <b>In early remission</b><br><b>In sustained remission</b><br><b>In recovery</b><br><b>Entered recovery</b><br><b>Stopped using substances</b><br><b>Engaged in treatment</b> | Clean<br>Got clean   | People with a history of substance use who are not currently using are deemed "in remission" or "in recovery," more neutral words than "clean" which implies that people actively using substances are "dirty"                                     |
| <b>Negative vs. positive test</b><br><b>[insert substance] detected</b>   | Clean vs. dirty test/urine   | Refer to actual results of toxicology test, rather than "clean" and "dirty" which imply judgement  |

Rachel H. Alinsky, Scott E. Hadland, Joanna Quigley, Stephen W. Patrick, COMMITTEE ON SUBSTANCE USE AND PREVENTION; Recommended Terminology for Substance Use Disorders in the Care of Children, Adolescents, Young Adults, and Families. *Pediatrics* June 2022; 149 (6): e2022057529. 10.1542/peds.2022-057529

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## Stigma is Dangerous – We must do better

- Fear of CPS & stigma lead to care avoidance and/or non-disclosure
- Stigma leads to substandard care & fewer prescriptions for MOUD
  - Poor outcomes -> Overdose, trauma, return to use, risk to dyad
  - Toxicology testing is not diagnostic of substance use disorders nor does it predict the ability to parent & is no substitute for a trusting relationship
- Substance use disorder is a treatable medical condition. Punitive laws/policies do not help, connection and evidence-based care does
- Understanding SUD, MOUD, complex trauma, cultural humility, and our state laws is essential to providing excellent care
- Using person first, destigmatized language (spoken and written), and building longitudinal trusting relationships can begin to mitigate stigma and fear
- Creating welcoming spaces and providing flexible, patient-centered care will help parents with SUD feel safe to disclose fears and needs

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Thank you for your time & your service!



Please reach out with questions,  
comments, resources, or feedback



Heather.Briscoe@ucsf.edu

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## BREAKING THE STIGMA: SUPPORTING PREGNANT WOMEN WITH SUBSTANCE USE DISORDERS



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## Breaking the Stigma: Supporting Pregnant Women who use substances

•••

Understanding Fears, Barriers, and Pathways to Support Presenter's Name: Stephanie Jeffcoat

Date: August 7, 2024

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## Understanding the Stigma

**Definition of Stigma:** Negative stereotypes and societal judgments attached to substance use during pregnancy. Impact of Stigma

- **Isolation:**
  - Pregnant women using substances often feel cut off from their support networks.
  - Friends, family, and community members may distance themselves, leading to feelings of loneliness and abandonment.
  - This isolation can exacerbate mental health issues and hinder recovery efforts.
- **Shame:**
  - Stigma creates a profound sense of shame, as women internalize negative societal messages.
  - Shame can lead to secrecy and denial, making it difficult for women to seek help.
  - The overwhelming guilt can impact their mental health, leading to depression and anxiety.
- **Discrimination:**
  - Discriminatory attitudes from healthcare providers can result in substandard care.
  - Women may be judged harshly during medical appointments, impacting their willingness to attend prenatal visits.
  - Legal discrimination, such as punitive laws and policies, can create additional barriers to accessing necessary services.

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## Fears of Pregnant Women Using Substances



- 1 Fear of Judgment: Fear of being judged by healthcare providers, family, and community.
- 2 Fear of Legal Consequences: Worry about arrest, custody loss, or child welfare involvement.
- 3 Fear of Losing Custody: Concern about the possibility of having their children taken away.
- 4 Fear of Harm to Baby: Anxiety about the impact of substance use on the unborn child.



Stock | #437897867

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## Barriers to Accessing Resources



### Healthcare Barriers:

Limited access to prenatal care, lack of insurance, or healthcare providers' biases.



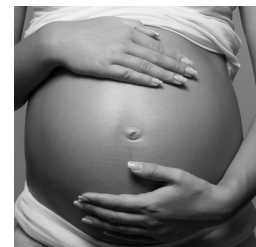
### Socioeconomic

Socioeconomic Barriers Poverty, lack of transportation, or unstable housing.wner



### Mental Health Barriers:

Co-occurring mental health disorders, such as depression or anxiety.



### Systemic Barriers:

Inadequate policies and support systems for pregnant women with substance use disorders.

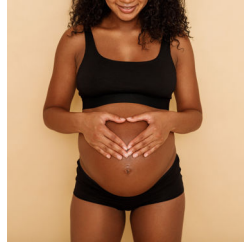
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# Why Women Do Not Seek Help



### Fear of Consequences:

Legal repercussions, child custody issues.



### Mistrust of Healthcare System:

Past negative experiences, perceived or real discrimination



### Lack of Awareness:

Not knowing where or how to seek help.

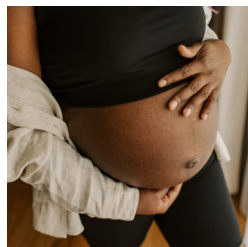


### Shame and Guilt:

Internalized stigma leading to reluctance to reach out.

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# Essential Resources for Support



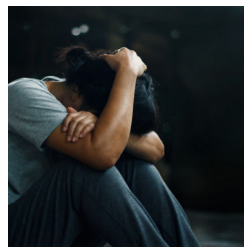
### Comprehensive Prenatal Care:

Access to non-judgmental and specialized prenatal care.



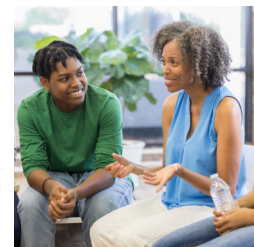
### Substance Use Treatment Programs:

Tailored treatment programs that consider pregnancy



### Mental Health Services:

Integrated mental health support.



### Support Networks:

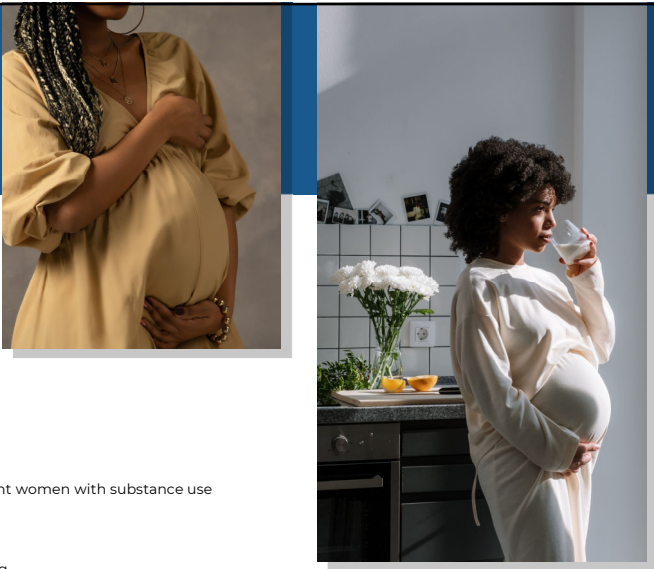
Peer support groups, community resources, and family counseling

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## Creating a Supportive Environment

**Understanding the Impact:**  
Healthcare providers must understand the profound impact that stigma and bias have on pregnant women who use substances. These attitudes can create barriers to care, discourage women from seeking help, and ultimately harm both mother and baby.

- Training for Healthcare Providers:**  
Educating providers on compassionate care and reducing bias.
- Policy Advocacy:**  
Advocating for policies that support, rather than punish, pregnant women with substance use disorders.
- Public Awareness Campaigns:**  
Raising awareness to reduce stigma and promote understanding.
- Collaboration with Social Services:**  
Partnering with social services to provide holistic support.



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## Case Study

**Example of Success:**  
The "California Perinatal Quality Care Collaborative (CPQCC) Substance Use Initiative"

**Program Overview:**

**Location:** California, USA  
**Objective:** To improve health outcomes for pregnant women with substance use disorders and their infants through comprehensive and integrated care.

**Services Offered:**

- Coordinated prenatal and addiction care.
- Mental health support and counseling.
- Social services, including housing and transportation assistance. Educational programs on parenting and substance use recovery.
- Peer support and mentorship programs.



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# Call to Action



### Promote Awareness and Education:

- Raise awareness about the challenges and needs of pregnant women with substance use disorders.
- Educate communities and healthcare professionals to reduce stigma and improve care access.s, vel efficitur felis condimentum. Proin odio odio.



### Advocate for Compassionate Care

- Encourage healthcare providers to adopt trauma-informed and empathetic approaches.
- Support policies that promote non-punitive, supportive care for pregnant women with substance use disorders



### Support Comprehensive Programs:

- Advocate for increased funding and resources for integrated care programs.
- Support initiatives that offer holistic care, including medical, mental health, and social services

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## UP NEXT: LIVE Q&A "ASK THE EXPERTS"

Wednesday, August 14, 2024, 12:00pm – 1:00pm PDT



Heather Briscoe, MD



Stephanie Jeffcoat

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# Register for Session III

**Session III: Resources for Healthcare Providers**




Featuring: **Jewel Loff** and **April Thornton**  
**Live Webinar:** Wednesday, August 28, 2024, 12:00pm-1:00pm PDT


This panel discussion will provide information on services and resources designed to support pregnant people affected by substance use.



Scan to Register

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# The Orange County Family Support Task Force Family Wellness Initiative



*Valuing their role. Keeping them together. Supporting their recovery.*

**Download the latest Task Force brief on the  
Orange County Family Wellness Initiative**



Scan to Download

**For more information on the Task Force or to be added to their mailing list, contact:**

**Task Force Co-Leads**  
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