

# Bad River Harm Reduction STIGMA IN HEALTHCARE AND THE BENEFITS OF MAIL-BASED SUPPLIES

**WEBINAR SERIES**

**June 2024**





# Program Background

- Formed in 2014 as an initiative of the Bad River Tribe
- Created to interrupt high rates of overdose incidents among American Indians, reduce risk of HIV and HCV, provide support to people using drugs
- Historically run by volunteers and program participants, transitioned to a formalized program with paid staff in 2022

# Harm Reduction Methodologies



## Low-barrier



- Needs-based
- Serves anyone who presents
- Outreach strategies designed to serve a rural population (emphasizes anonymity)
- Data collection procedures maintain participant anonymity to the greatest extent possible
- Policy Advocacy

## Our Impact



- In 2023, 4,000 harm reduction deliveries to individuals statewide, distributing over 10,000 doses of naloxone
- Logging over 50 OD reversals per month
- In Ashland County, OD incidents are comparably high and OD mortality is relatively low



# Harm Reduction by Mail in Wisconsin

Anyone in Wisconsin can order free naloxone, access training resources on overdose reversal and receive harm reduction supplies

[nextdistro.org/wisconsin](https://nextdistro.org/wisconsin)

healthcare providers link:

[nextdistro.org/wisconsin-gokits](https://nextdistro.org/wisconsin-gokits)



# 2019 community-based participatory research project

- Very few, if any, qualitative studies of United States-based Native Americans who use drugs
- Goal of this research was to engage with this community to learn about their experiences with harm reduction, healthcare and in general

Results available at:

[badriverharmreduction.org/harmreductionstory](http://badriverharmreduction.org/harmreductionstory)



# Results of CBPR with Native Americans who use drugs

01

## Stigma

Participants reported a significant stigma via interactions with healthcare providers

02

## Poverty

Limitation of resources make participants feel doubly marginalized, with unstable housing and fragile social networks exacerbating substance use

03

## Justice System

Fear of law enforcement, child welfare services keep people from accessing care

04

## Harm Reduction

Confidential harm reduction services play a vital role in participants lives, helping them to overcome barriers

## Peer Reviewed Literature

# Consider the intersection of risk



Systemic racism leads to inequities in treatment for substance use disorders (1)



Native Americans are experiencing some of the highest rates of chronic pain (2) and overdose mortality (3), with the legacy of colonization driving health inequities (4).



The experience of racism in healthcare itself contributes to chronic pain (5), willingness to access healthcare and may be impacting the use of prescribed and illicit pain medication (6)

# Strategies

to address inequitable access

## Culture of Caring

Tool developed by CA Bridge:

- Build human connections
- Create anti-racist treatment options
- Require the use of person-first language (7)



## Re-Assess Services

- Review all processes from a patient perspective to identify potential barriers to care
- Consider the perspectives of patients from various racial backgrounds, incomes, education levels, etc.



## Elevate Patient Voices

- Develop ways to receive input & feedback from patients with SUD
- Informal conversations
- Formal processes: focus groups, surveys, robust complaint review



# Consider partnering with a harm reduction program

## Improve encounter rate

- Pairing higher threshold services with a low barrier can be an effective strategy to get new folks in the door
- Peer support can help patients overcome logistical and confidence-related barriers to care

## Access to specific care

- Provide options for patients in accessing naloxone, safe injection and safe smoking supplies discretely
- Connection to service providers with lived-experience



# Language matters

Instead of...	Use...	Because...
<b>Addict</b> <b>User</b> <b>Substance or drug abuser</b> <b>Junkie</b> <b>Alcoholic</b> <b>Drunk</b> <b>Substance dependence</b> <b>Former addict</b> <b>Reformed addict</b>	<ul style="list-style-type: none"> <li>• Person with opioid use disorder (OUD)/SUD or person with opioid addiction</li> <li>• Patient</li> <li>• Person in recovery or long-term recovery</li> </ul> <b>For heavy alcohol use:</b> <ul style="list-style-type: none"> <li>• Unhealthy, harmful, or hazardous alcohol use</li> <li>• Person with alcohol use disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Person-first language.</li> <li>• The change shows that a person “has” a problem, rather than “is” the problem.<sup>7</sup></li> <li>• The terms to avoid elicit negative associations, punitive attitudes, and individual blame.<sup>7</sup></li> </ul>

7 <https://www.thenationalcouncil.org/wp-content/uploads/2016/10/Substance-Use-Terminology.pdf>

8 <https://www.sciencedirect.com/science/article/abs/pii/S0955395909001546?via%3Dihub>

9 <https://jamanetwork.com/journals/jama/article-abstract/1838170>

<b>Opioid substitution</b> <b>Replacement therapy</b>	<ul style="list-style-type: none"> <li>• Opioid agonist therapy</li> <li>• Medication treatment for OUD</li> <li>• Pharmacotherapy</li> </ul>	<ul style="list-style-type: none"> <li>• It is a misconception that medications merely “substitute” one drug or “one addiction” for another.<sup>6</sup></li> </ul>
<b>Clean</b>	<b>For toxicology screen results:</b> <ul style="list-style-type: none"> <li>• Testing negative</li> </ul> <b>For non-toxicology purposes:</b> <ul style="list-style-type: none"> <li>• Being in remission or recovery</li> <li>• Abstinent from drugs</li> <li>• Not drinking or taking drugs</li> <li>• Not currently or actively using drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.<sup>9</sup></li> <li>• Set an example with your own language when treating patients who might use stigmatizing slang.</li> <li>• Use of such terms may evoke negative and punitive implicit cognitions.<sup>7</sup></li> </ul>
<b>Dirty</b>	<b>For toxicology screen results:</b> <ul style="list-style-type: none"> <li>• Testing positive</li> </ul> <b>For non-toxicology purposes:</b> <ul style="list-style-type: none"> <li>• Person who uses drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.<sup>9</sup></li> <li>• May decrease patients’ sense of hope and self-efficacy for change.<sup>7</sup></li> </ul>

Source: American Society of Addiction Medicine [https://www.asam.org/docs/default-source/default-document-library/nidamed\\_wordsmatter3\\_508.pdf?sfvrsn=5cf550c2\\_2](https://www.asam.org/docs/default-source/default-document-library/nidamed_wordsmatter3_508.pdf?sfvrsn=5cf550c2_2)





# THANK YOU FOR ATTENDING

If you have any further questions or would like to explore opportunities to work together, please don't hesitate to reach out to us.

**Loving people who use drugs since 2014**



# References

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