

Beyond Labels: An Initiative to Combat Addiction Stigma in Medical Education

To the Editor: Individuals with substance use disorders (SUDs) face negative perceptions and discrimination from both the general public and members of the health care workforce. In fact, the attitudes of medical professionals may be worse toward individuals with SUDs than toward those with any other medical or psychiatric disorder.¹ There are a number of reasons for these negative attitudes, including the view that substance misuse is a moral failing and not a brain disease, as well as the lack of clinical skills taught to medical trainees to take care of these individuals.¹ This stigma against individuals with SUDs may lead to decreased quality of care and treatment options for this cohort of vulnerable patients.¹ Evidence-based and compassionate care is needed as we combat the opioid epidemic, record levels of alcohol consumption, and increased nicotine use among adolescents. Currently, very little is done within medical education to address the barriers that prevent these patients from receiving sufficient care. Herein, we describe the creation and study of a unique online module to address the stigma of addiction in a medical school curriculum.

Methods

We developed and incorporated a novel online module on the stigma of addiction in our preclinical medical student brain and behavior teaching unit in August of 2022. While this unit has lectures on SUDs, this was the first educational module on stigma, providing information on the stigma of addiction and techniques to

address it. A unique aspect of the module is video anecdotes from patients with SUDs and their families. Their stories recounted personal aspects of their treatment, including helpful and harmful experiences with clinicians. A web-based survey, which included demographics, the Medical Condition Regard Scale² to measure stigma, and questions on the students' self-reported preparedness to manage SUDs, was administered prior to and after the module.

Results

The module filled an important gap in our curriculum. Students ($n = 38$) reported improved attitudes toward individuals with SUDs ($P < .0001$) and feeling more prepared to take care of these individuals ($P < .001$) following completion of the module. It was also notable that the majority of student participants reported a personal connection to SUDs, with more than 75% reporting experience with SUDs through a friend, family member, colleague, and/or themselves. Student feedback indicated that the addition to their curriculum was unique and powerful and would alter their clinical care in the future.

Discussion

While it is vital to address the stigma of addiction early on in medical training, future work should also focus on an effective approach to incorporate training on the stigma of addiction across the continuum of medical education. It will be difficult for students to maintain appropriate attitudes and behaviors if their

supervisors and educators have stigma, a challenge of the hidden curriculum. It is also worth exploring how to bolster and study the students' attitudes over time as they enter their clinical years and start to have clinical experiences with those with SUDs. While much work is needed overall to improve the care of individuals with SUDs, educating providers on the stigma of addiction is an important and overlooked step.

References

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