Recognition and Stigma in Prescription Drug and Alcohol Abuse

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Acknowledgments

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Outline

- Regional nature of PDA and AA issues
- Survey design
- Survey results
- Possible community responses

PDA and AA as a community & economic development issue

- Both PDA and AA vary by county.
- PDA and AA create direct costs (e.g., healthcare) and indirect costs (e.g., days off of work, low productivity).
- PDA costs US society as much as $504B in 2015 (CEA, 2017).
- AA cost US Society $249B in 2010 (Sacks et al., 2015).

Recognition, Stigma, and Alcohol/Prescription Drug Disorders

- These substance use disorders are treatable.
- People who don’t recognize they have a disorder are unlikely to seek treatment, or treatment may be delayed.
Two national online surveys

- Prescription Drug Abuse (n=631), Alcohol Abuse (n=626)
- Samples were balanced on age, gender, income and region and we included a rural oversample based on USDA Rural Urban Continuum Codes
- Primary activity was response to a vignette (see next two slides). Half of respondents saw a male based vignette, half female.
- As part of the response to the vignette, participants were asked to identify what is wrong as well as answer a series of questions designed to identify potential stigma.

Vignette

Michael is 30 years old. He went to see his doctor after experiencing a work-related injury and the doctor prescribed a painkiller, hydrocodone (brand names: Vicodin, Norco, Lortab), for Michael to take. He started taking the painkiller as instructed by the doctor, but felt like it was not enough to control his pain and started taking an extra pill every day. After a follow-up visit, the doctor told Michael that his injury had healed and that he should stop taking the painkiller, but he continued taking it until he ran out. At that point, he felt like he needed more of the painkiller and went to a new doctor to get a new prescription.

Vignette

- Michael is 30 years old. He drinks at least 3 alcoholic beverages every evening after coming home from work. He is very active in his office’s monthly social events, and regularly drinks at least 5 alcoholic beverages at each event. He has started having trouble completing tasks at work, feeling overwhelmed and as though others don’t appreciate his efforts. His boss has noticed his lowered productivity and that Michael does not seem to be interacting well with co-workers.

- Note: for Michelle vignette number of drinks was 2 and 4.
Exploring determinants of recognition

- Logit regression on whether or not the respondent clicked appropriate condition (1-0)
- Control variables are respondent socio-economic characteristics, region variables (census) and a selection of variables indicating the conditions in their county of residence

Exploring determinants of recognition: PDA

- Males are LESS likely to recognize PDA
- 18-34 year olds are LESS likely and 55+ are MORE likely to recognize PDA than middle aged people
- Income not important
- People with higher levels of education (some college or college degree) are MORE likely to recognize PDA than people with a High School or less education.
- Respondents from counties with high mental health provider access are LESS likely to recognize PDA than those from counties with the lowest access.
- Respondents that self identified as having had a PDA issue are LESS likely to recognize PDA.
Exploring determinants of recognition: AA

- 18-34 year olds are LESS likely and 55+ are MORE likely to recognize AA than middle-aged people.
- People in the $75-$100K income range are LESS likely to recognize AA than people in the $50-$75K income range.
- People with high levels of education (college +) are LESS likely to recognize AA than people with a High School or less education.
- Respondents from counties with higher per capita number of social organizations (religious, recreational, professional etc.) are LESS likely to recognize AA.
- Respondents that self identified as having had an AA issue are LESS likely to recognize AA.

Stigma

- Substance use disorders are more highly stigmatized than other health conditions and stigma may cause incomplete/delayed treatment (Livingston et al. 2012)
- Delaying or not getting treatment can impact many areas of life including employment and social relationships and can lead to poor mental and physical health (Livingston et al. 2012)
- Rural Concern: “Everyone knows what happens at the church on Tuesdays.”

Stigma analysis

- For both PDA and AA, we focus on stigma based on level of agreement with the statement, “X’s problem is not a real medical illness”
Exploring determinants of Stigma

- Basic approach: multinomial regression
- In multinomial regression, you compare other responses to a “base” category. We used “neither agree nor disagree” as the base. The output then tells you whether the control variable is associated with more or fewer people not choosing the base.
- To simplify comparisons, we combined “agree/strongly agree” into one category; we also combined strongly disagree and disagree.
- As before, we used respondent, regional and county of residence controls.

Primary Results for PDA

- The respondent’s choice of the “correct” condition was very strongly associated with less stigma. (5x MORE likely to DISAGREE)
- Respondents that self identified as having had an PDA issue are much MORE likely to exhibit more stigma, (5x MORE likely to AGREE)
- Respondent from counties with high mental health provider access are MUCH (6x-9x) MORE likely to exhibit stigma (AGREE) than those from counties with the lowest access.
- Younger (18-34) and male respondents were LESS likely to DISAGREE with the statement.
- People with high levels of education (college+) are MORE likely to AGREE and those with some college are MORE likely to DISAGREE with the statement than people with a high school or less education.

Primary Results for AA

- The respondent’s choice of the “correct” condition was strongly associated with less stigma. (2.7x MORE likely to DISAGREE)
- In terms of age, younger (18-34) respondents were MORE likely to AGREE, while older (55+) were MORE likely to DISAGREE with the statement.
- In terms of income, lower income (≤25k) respondents were LESS likely to DISAGREE, while higher income (75-100k) respondents were MORE likely to AGREE with the statement.
- People with higher levels of education (some college or college) are MORE likely to DISAGREE with the statement than people with a high school or less education.
- Respondent from counties with higher mental health provider access (2nd and 4th quartile) are LESS likely to DISAGREE with the statement than those from counties with the lowest access.
Conclusions from the analysis

• While the majority can recognize behavior/symptoms associated with PDA/AA, there is room for improvement. Education could possibly bring percentages higher.
• Young adult males seem especially in need of PDA education (recognition and stigma); young adults of both genders need AA education.
• Access to mental health services does not reduce stigma for PDA/AA. There may be scope to increase the activities of mental health services practitioners in educational activities.

Community responses

• CAPE Project:
  • Engage Extension staff to improve mental health literacy (MHL), equip them to enhance MHL in communities they serve, and increase their capacity to initiate and sustain local coalitions focused on community mental health challenges.
  • Series of webinars in conjunction with Mental Health First Aid training
    • Community action planning
    • Community needs assessments and making sense of data
    • Assessing community preparedness
    • Engaged the community and building consensus
    • Creating a strategic action plan
    • Keeping the drive alive

• Michigan State University Extension
  • Newly formed Community Behavioral Health team
  • Goal of improving behavioral health literacy and community responses to emerging mental health and substance use issues
  • Mental Health First Aid trainings across the state
  • Opioid film documentary screenings and panel discussions
References


Questions?

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