



## Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review

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### ABSTRACT

**Background:** Healthcare professionals are crucial in the identification and accessibility to treatment for people with substance use disorders. Our objective was to assess health professionals' attitudes towards patients with substance use disorders and examine the consequences of these attitudes on healthcare delivery for these patients in Western countries.

**Methods:** Pubmed, PsycINFO and Embase were systematically searched for articles published between 2000 and 2011. Studies evaluating health professionals' attitudes towards patients with substance use disorders and consequences of negative attitudes were included. An inclusion criterion was that studies addressed alcohol or illicit drug abuse. Reviews, commentaries and letters were excluded, as were studies originating from non-Western countries.

**Results:** The search process yielded 1562 citations. After selection and quality assessment, 28 studies were included. Health professionals generally had a negative attitude towards patients with substance use disorders. They perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients. Health professionals also lacked adequate education, training and support structures in working with this patient group. Negative attitudes of health professionals diminished patients' feelings of empowerment and subsequent treatment outcomes. Health professionals are less involved and have a more task-oriented approach in the delivery of healthcare, resulting in less personal engagement and diminished empathy.

**Conclusions:** This review indicates that negative attitudes of health professionals towards patients with substance use disorders are common and contribute to suboptimal health care for these patients. However, few studies have evaluated the consequences of health professionals' negative attitudes towards patients with substance use disorders.

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## 1. Introduction

Although alcohol use is socially accepted in Western societies, substance use is a major public health problem. In Europe, 11.8% of all deaths in the age group 15–64 years are attributed to alcohol-related causes (World Health Organization, 2012) and, worldwide, 4% of the causes of death are attributable to alcohol and illicit drug use (World Health Organization, 2009). Furthermore, alcohol and illicit drug use accounts for 5.4% of the global burden of disease (World Health Organization, 2010). Substance use problems are also a risk factor for other societal problems, such as absenteeism at work, accidents, and loss of productivity (World Health Organization, 2003, 2011). Although treatment enhances the likelihood to recover (Dawson et al., 2006), only 24.1% of people with lifetime alcohol dependence ever seek treatment (Hasin et al., 2007). Additionally, only 14.7% of people with a substance dependence received professional help in the past year (Grella et al., 2009). Patients do not often disclose or admit having a substance use problem (Substance Abuse and Mental Health Services Administration, 2011). Since the majority of patients with substance use problems seek treatment in the first place for other problems (such as headaches), health professionals play a crucial role in the identification of these problems and the accessibility to treatment (Mersy, 2003; Muhrer, 2010).

Stigmatizing attitudes of health professionals towards people with substance use problems may negatively affect healthcare delivery and could result in treatment avoidance or interruption during relapse (Ball et al., 2006; Eaton, 2004; Neale et al., 2008). Previous studies demonstrate the negative effects of stigma experiences among people in treatment for substance use disorders on recovery and feelings of self-efficacy (Luoma et al., 2007; Schomerus et al., 2011). Negative attitudes of health professionals towards patients with an alcohol or other drug addiction are known to lead to poor communication between professional and patient, diminished therapeutic alliance, and misattribution of physical illness symptoms to substance use problems, also referred to as diagnostic overshadowing (Palmer et al., 2009; Thornicroft et al., 2007). As known from stigma research in general, factors that could mitigate stigmatizing attitudes are attribution beliefs and knowledge of and experience with a stigmatized condition (Corrigan et al., 2003, 2001b; Penn et al., 1994; Weiner et al., 1988). These factors may influence health professionals' attitudes towards patients with substance use disorders. Thus, overall the attitudes of health professionals have the potential to influence the diagnosis, treatment, and rehabilitation of substance use disorders.

Attitudes of health professionals towards patients with substance use disorders have been investigated among different disciplines and settings (Au, 2006; Moodley-Kunnie, 1988). A literature review of nurse's attitudes towards substance misusing patients revealed greater acceptance of these patients although a minority of nurses still regard these patients as immoral and unlikely to recover (Howard and Chung, 2000). However, no overview of recent evidence and findings is available about studies investigating attitudes of different health professionals towards patients with substance use disorders. Therefore, the primary aim of this systematic

review is to assess health professionals' attitudes towards patients with substance use problems in Western countries. Secondary aims are to describe which factors cause negative attitudes of health professionals towards these patients, and examine the impact of these negative attitudes on healthcare delivery.

## 2. Methods

### 2.1. Search strategy

The databases of Pubmed, Psycinfo, and Embase were systematically searched for articles published in English or Dutch between January 2000 and November 2011. These three databases were selected to cover biomedical literature from Pubmed as well as psychological literature from Psycinfo. Embase was chosen to broaden the search results to European journals since Pubmed mainly includes American journals. The particular time span was chosen since the aim was to assess recent evidence and findings addressing attitudes of health professionals' towards patients with substance use problems. To formulate search terms the Population, Intervention, Comparison and Outcomes approach (PICO; Liberati et al., 2009) was used to create groups of medical subject headings or text words: (1) population: health personnel, (2) intervention/exposure: substance use disorders, (3) comparison: was not applicable for the aim of this review, and (4) outcomes: attitudes of health personnel, healthcare delivery, (social) stigma. Health personnel represented health professionals in general and specific professions such as nurses and general practitioners. The second group of search terms described substance use disorders. In this systematic review, only alcohol and illicit drug abuse were included. Therefore, the subject directory "NOT" was used to exclude studies on smoking and tobacco. The last group of search terms comprised outcomes such as attitudes, healthcare delivery, motivation and work satisfaction, prejudice, and stigma. The outcomes group was subdivided into three categories since attitudes, healthcare delivery, and stigma were of interest. The subject directories "OR" and "AND" were used to separate synonyms and link the different search term groups, respectively. Using the specific search terms involved in each database, search strategies were very similar for each database (Table 1). Table 2 shows the specific inclusion and exclusion criteria.

### 2.2. Study selection

Fig. 1 shows a flowchart of the selection process. In the first selection phase, titles of all articles were screened based on three inclusion criteria: (1) focus on alcohol and/or drug abuse, (2) health professionals were subject of the study and (3) attitudes, explanations for negative attitudes, healthcare delivery, or stigma were considered. Any article that fulfilled two of the inclusion criteria, or that the reviewer was uncertain about, proceeded to the next selection phase. The first selection was done by LvB and a random selection of 10% of all titles was screened by a second reviewer (EB) which resulted in 94% agreement between the two reviewers. The second selection phase comprised independent judgement of the

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