Understanding Policy Impacts and Non-Medical Substance Use Among Healthcare Professionals from the Perspective of Treatment Providers

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December 1, 2021

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BACKGROUND / SIGNIFICANCE

- 130 people die daily from opioid overdoses in the United States
  (Centers for Disease Control, 2020)
- The opioid crisis in the United States is costing the country hundreds of billions of dollars a year
  (Luo, Li, & Florence, 2021)
- 10-20% of people who need treatment for non-medical substance use receive treatment
  (Substance Abuse and Mental Health Services Administration, 2019)
- 10-15% of all healthcare professionals struggle with some form of addiction or substance use disorder during their career
  (Baldisseri, 2007; Merlo et al., 2013)

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PURPOSE

Improve understanding of non-medical substance use among healthcare professionals from the perspective of substance use treatment providers

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RESEARCH QUESTIONS

1. What is the influence of policies on non-medical substance use associated stigma and how has this impacted the opioid epidemic in the United States?

2. What barriers and facilitators exist to accessing treatment, being in recovery, and returning to work for healthcare professionals with non-medical substance use?

3. What is the role of stigma, as perceived by substance use treatment providers, for healthcare professionals with non-medical substance use?

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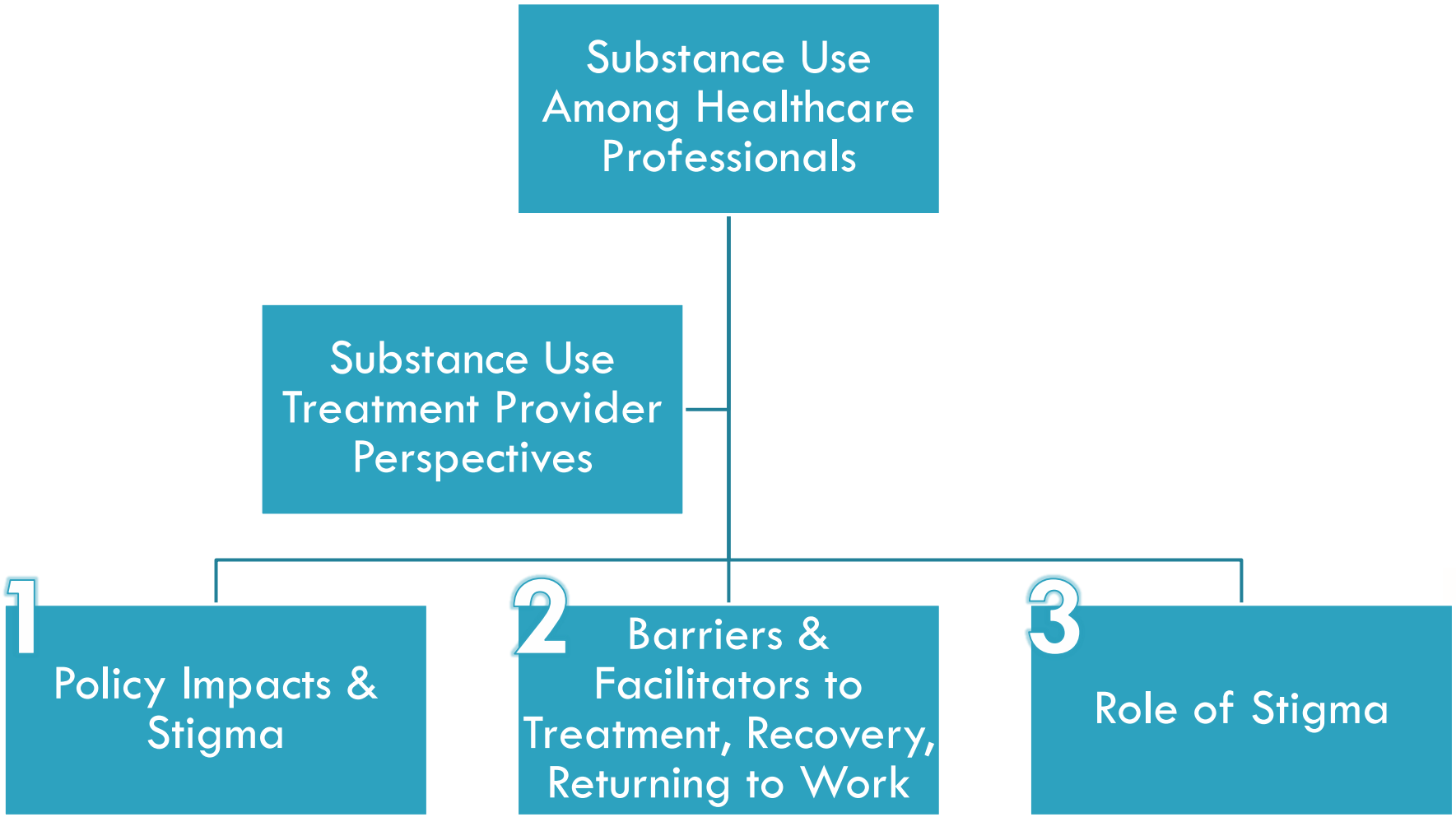
Three Manuscript Option



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Manuscript 1

The Impact of Policies on Non-Medical Substance Use Associated Stigma and the Opioid Crisis: A Scoping Review

International Journal of Drug Policy

Authors: Heidi McNeely, Dr. Heather Nelson-Brantley, Dr. Steven Wright, and Dr. Cynthia Teel

Aim

From TPs' perspectives, explore what barriers and facilitators exist for HCPs in the state of Colorado to enter and complete substance use treatment, being in recovery, and returning to work after NMU.

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METHODS – Manuscript 1

RESEARCH DESIGN

- Brief history and overview of governmental policies in the US related to substance use
- Scoping review of the literature

    - PubMed & PsychINFO
        - Search terms: stigma AND policy AND opioid; discrimination AND opioid policy

    - Inclusion:
        - Published from 2011-2021
        - English language only
        - Full text

    - Exclusion:
        - Focus only outside of US
        - Focus only on drugs/alcohol other than opioids

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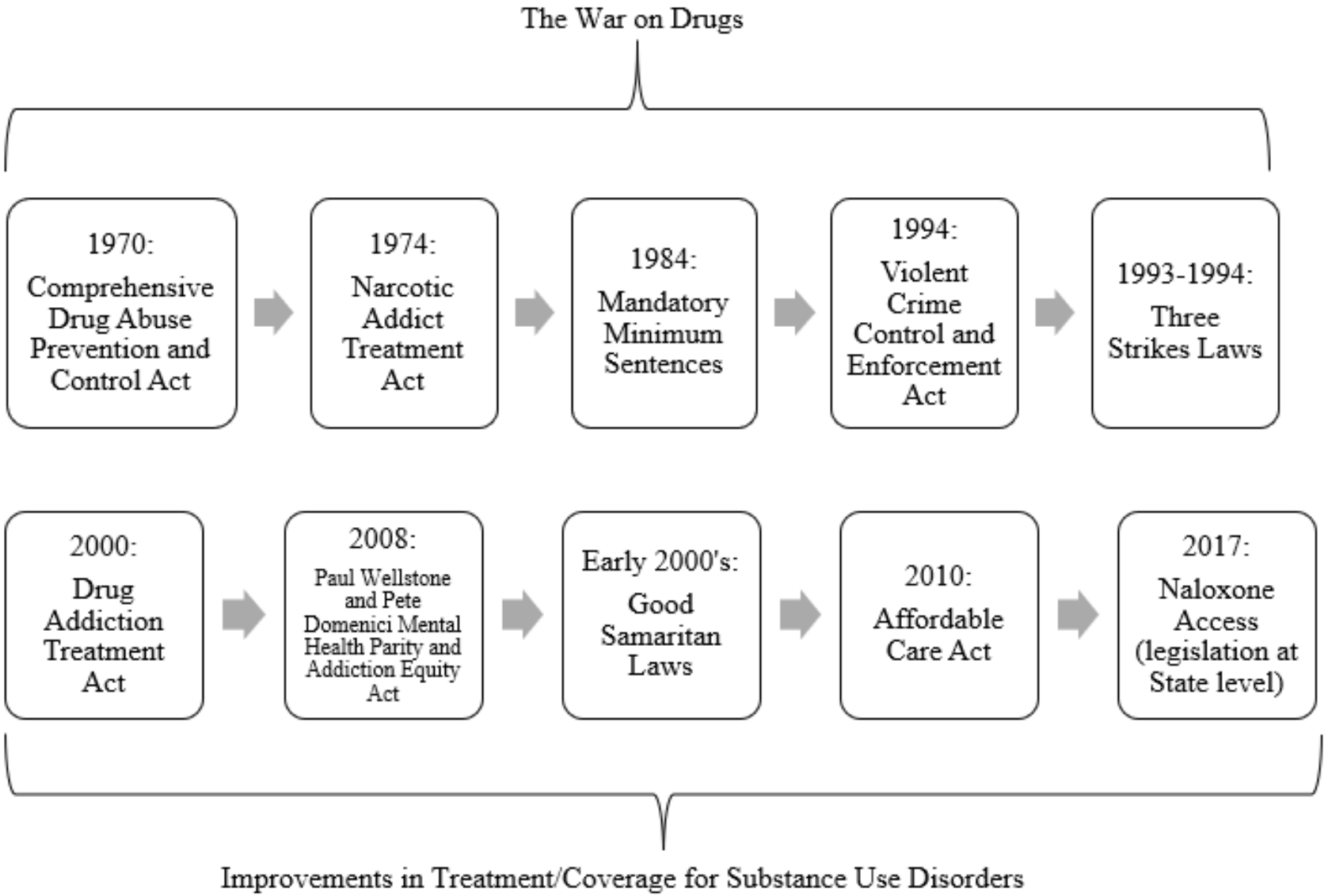

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FINDINGS

Theme	Number of Articles
criminalization/punitive policies increase stigma	4
lower stigma is positively associated with assistive drug related policies	5
policies focused on medical practice impact stigma	4
stigma is entrenched in policies	5
terminology used can impact stigma and policy support	4
drug related policies impact racial/ethnic groups differently	3
policy has a role in stigma reduction	6
stigma impacts policy implementation	5

Key Takeaways – Manuscript 1

- Scarcity of literature about actual outcomes of policies that address non-medical substance use related stigma
- Despite interplay between policy and stigma, little research has shown causal links between these phenomena
- Only research is around individual's stigmatizing views and their support for policies
- Existing research does not adequately demonstrate how stigma can be reduced

Manuscript 2

Substance Use Treatment Providers' Perspectives on Barriers and Facilitators for Treatment, Recovery, and Returning to Work for Healthcare Professionals with Non-Medical Substance Use

The Journal of Addictions Nursing

Authors: Heidi McNeely, Dr. Heather Nelson-Brantley, Dr. Cynthia Teel, Dr. Steven Wright, Dr. Moya Peterson, and Dr. Joanna Brooks

Aim

From TPs' perspectives, explore what barriers and facilitators exist for HCPs in the state of Colorado to enter and complete substance use treatment, being in recovery, and returning to work after NMU.

METHODS- Research Design

Manuscript 2

- Qualitative descriptive approach (Patton, 2015) using semi-structured interviews with treatment providers
  - collect information on the barriers and facilitators for healthcare professionals with non-medical substance use when in treatment, recovery, and returning to work

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THEORETICAL FRAMEWORK

- Open systems theory (Kast & Rosenzweig, 1972)
  - Based on the idea that systems exchange information, energy, or material with their environment through inputs, throughputs, and outputs.
    - Inputs: information coming into systems
    - Throughputs: transformation of inputs
    - Outputs: what is released into the environment

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SETTING AND SAMPLE

- Purposive sampling & snowball sampling
- 16 treatment providers from Colorado

Question	Responses	
Role *(note: some identified more than one role)*	Addiction Counselor/Professional Counselor	7
	Psychiatrist	5
	Other: leadership roles	4
	Physician: Addiction Medicine Specialist	3
	Psychologist	2
	Advanced Practice Provider/APRN	1
Years in Field	2-5 years	2
	6-10 years	2
	11-15 years	2
	16-20 years	3
	21 or more years	7
Type of Treatment Provided *(multi-select)*	Outpatient therapy/counseling	11
	Medication Assisted Treatment	9
	Other: residential, group therapy, case management	8
	Intensive inpatient therapy	7
	Cognitive Behavioral Therapy	5
	12-step programming	5
Setting of Practice	Inpatient treatment center/residential	8
	Outpatient	7
	Private Office/clinic	7
	Academic medical center clinic	1
	Virtual	1
Worked with the Most	Physicians and/or Physician Assistants	10
	Nurses (LPNs, RNs, APRNs)	4
	All the above	2
Work with # of HCP's per Year	Less than 5 per year	4
	6-10 per year	3
	11-15 per year	1
	16-20 per year	1
	21 or more per year	7

MEASUREMENT

- Interview questionnaire: developed by researcher with review from dissertation committee

(START RECORDING)

- Tell me about your practice, the type of treatment you provide and the types of patients you see.

So, my questions going forward will be specifically related to your experiences providing treatment to nurses (including LPNs, RNs, and APRNs), physicians and PAs, which I will refer to from here on out as healthcare professionals. Even though you may have provided treatment to others who work in health care I'm requesting you focus primarily on these two groups of professionals.

- From your experience, what are the most common reasons why healthcare professionals start non-medical substance use (NMU) treatment?
    - What does success in substance use treatment for HCPs look like? And what contributes to HCPs being successful in their treatment?
    - Thinking more broadly, what larger systems impact HCP's success in treatment and recovery? (think of things like economic, social, political, legal, regulatory or organizational factors)

- Changing focus, please tell me what you think prevents HCPs from starting treatment?

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DATA COLLECTION PROCEDURES

- IRB approval obtained
- Interviews were completed using Zoom (n=14) and telephone (n=2)
- All interviews were audio recorded
- Brief demographic questionnaire completed
- Semi-structured interview guide
- Researcher field notes taken
- Interviews lasted approximately an hour

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DATA ANALYSIS

- Inductive content analysis
  - allowed the researcher to go from specific interview data to more general descriptions

- Dedoose (Version 9.0.15) for coding and data management

1. Initial review of transcripts for accuracy
   - Researcher field notes used for additional insight

2. Coded each interview for meaning units in the data

3. Grouped meaning units into content specific codes

4. Found patterns of categories between interviews regarding barriers, facilitators, and potential systems influences

RIGOR AND TRUSTWORTHINESS

- Specialist collaboration of experts in designing the study

- Trustworthiness:
  - recruitment of treatment providers who have key knowledge
  - use of exemplar quotes

- Credibility:
  - Peer debriefings occurred to discuss interpretations
  - Corroborating information collected and member checking

- Transferability:
  - developed clear, thick description

- Confirmability:
  - Audit trail

- Reflexivity:
  - Aware of possible assumptions

FINDINGS – Manuscript 2 Overview

Barriers	Facilitators
7	3
Barrier & Facilitator	**Systems Level Barriers**
1	6

FINDINGS – Manuscript 2

Barriers:

Treatment initiation is delayed until career is in jeopardy or they are forced to attend

Fear

> *"Our livelihood is our license and if there's a fear that someone's going to take that away from me, I'm going to do everything I can to hide it, to not let that happen. And, if that means I struggle, and struggle, and struggle, then that's probably what I'm going to do"*

Ego & Control

> *"I think there's tremendous resistance around a need to feel in control and a need to see themselves and have others see them as highly competent, if not perfect. And so, anything that would bump against that really quickly triggers a shame"*

FINDINGS - Barriers

Stigma

Higher Expectations

> *"this person is supposed to be all knowing, and when I say that facetious of course, I think we have created an unhealthy...respect is one thing. I have huge respect for the medical community, however, they're people too"*

Job Related Stress

> *"...if you think about med school, if you've worked at all with physicians or PAs or the students, it's so grueling. It just pushes people beyond their human limitations. So, I have had so many people say, 'I've had to use to just keep going through my rotation or my internship, my residency, and the amount of hours.' So, it's almost this catch-22"*

Rationalization of Use

Unaware of Treatment Availability

FINDINGS - Facilitators

Supportive Employer

Peer Support

"...once they wrap their energy and their mind around their recovery, they can have really strong recoveries. And because of that, innate sense of wanting to help others, like if they do get into mutual support groups, can be really successful in staying active in those and encouraging others, which we know is also associated with successful outcomes"

Long Term Monitoring

FINDINGS –Barrier & Facilitator

Identity Tied to Role

"…really there's this lack of what is life outside of this role that I have or this title? So, I think they've struggled the most with, 'Just get me back to work because that's all I really know in my life. I don't really know how to do life in a balanced way in any other area. This is my work.' So, there is this very deep disorienting part of them that's caught in, 'Who am I outside of this role?'"

FINDINGS – Systems Level Barriers

Inadequate and Inconsistent Insurance Coverage

"The payments, like insurance is a huge thing. Physicians get great insurance compared to other people and it still doesn't pay appropriately. And all this mouth service to parity and behavioral health is junk. It's not happening"

Differences for Nurses & Physicians

"they would do more to keep a physician than they did nurses. A physician would really, really have to step on it for them to get rid of them. Nurses, not so much. Some of the nurses they did get rid of"

FINDINGS – System Level Barriers

Maintaining a Lifestyle

Self-Care Challenges Among Healthcare Professionals

> *"...you're actually kind of rewarded for not paying too much attention to how you're feeling or how you're doing, because if you stopped and did that during training or med school, you might realize, 'Gosh, I'm really tired,' or, 'Gosh, I have not much of a life outside of here, and this is kind of oppressive'"*

Lack of Qualified Treatment Providers

Problem of Lack of Confidentiality

Manuscript 2 - Summary

- Normalization of substance use to manage the stress paired with the shame of using substances
- Nurses and physicians who have been through treatment are stronger and better clinicians when they return to work
- Self-care is promoted but not well implemented
- Improved accessibility and quality of information about treatment options
- Safe harbor and confidential reporting

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Manuscript 3

Role of Stigma on Healthcare Professionals with Non-Medical Substance Use from the Perspective of Treatment Providers

The American Journal on Addictions

Authors: Heidi McNeely, Dr. Heather Nelson-Brantley, Dr. Cynthia Teel, and Dr. Moya Peterson

Aim

Explore the role of stigma on HCPs with NMU from the perspective of TPs.

Manuscript 3

- Utilized same design, framework and sample as manuscript 2

- Qualitative descriptive approach (Patton, 2015) using semi-structured interviews with treatment providers
  - collect information on the role of stigma among healthcare professionals with non-medical substance use

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FINDINGS – Manuscript 3

Stigma is a barrier to treatment

"stigma can also be utilized as a self-fulfilling prophecy. It's presented as this barrier, and so it's another way a person in their disease keeps it alive. But I think really it's because no one wants to, at the end of the day, be different. Stigma creates just that feeling of being misunderstood, being misaligned, being left out."

Stigma Unique to Healthcare Providers

"Sometimes it's made more difficult if they are working in an ED setting where a lot of intoxicated people come through. So, we hear what other physicians or nurses that work in that department are saying about, 'Oh, here's so-and-so, the drunk guy that's coming through,' and then there's a lot of judgments about that"

"stigma is that everything we emulate and value you for we also now are expecting that that will be the reason you should be able to stay sober. You're smarter than this disease. You're tougher than this disease. You're a super person compared to this disease. Why is this disease taking you out?"

FINDINGS – Stigma Trends

Timing of Stigma Experiences

Stigma vs. Shame

Sources of Stigma

- Media
- Family
  - *"So sometimes you've got family members who are like I married a doctor, not an alcoholic or whatever"*
- Peers/Supervisors
  - *"What was interesting in my experience is there was very, very, very little, if any, discrimination when they came back to work. Co-workers were usually didn't care because they mind their own business, or they were just very supportive and would walk up to the person and say, 'You know, I'm glad you're back. If you need anything let me know'"*

FINDINGS

Sources of Stigma

Self

"when they're thinking about discrimination or stigma in the workplace setting, a lot of it comes from, ... the story that they're telling themself about, 'Well, surely this person's going to judge me because you're a bad person if you have the disease of addiction'"

"'No one's going to trust me to do my job ever again. Everyone's going to look at me as a junky...I'm gonna harm patients, all of those kind of things'"

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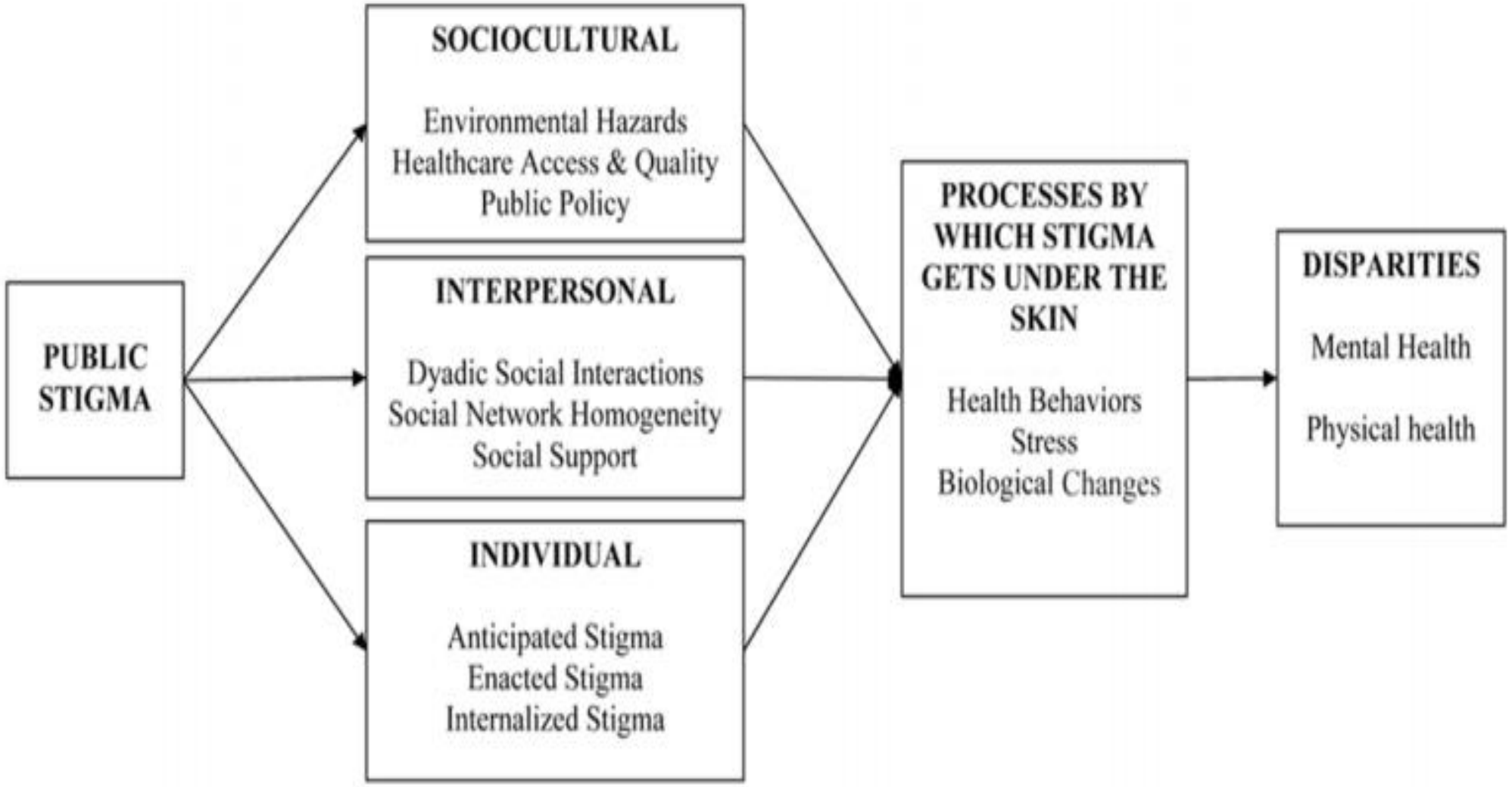
This road to recovery is long and full of twists and turns. Stigma is found all along the way and constantly impacts the journey.

Manuscript 3 - Summary

- Characteristics of these professionals makes them successful can also get in the way of treatment
- Higher standards and unreasonable self expectations
- Avoidance of stigma is another way to maintain their identity
- Most commonly discussed stigma stems from the individual
- Is internal stigma causing the most harm to individuals or is enacted stigma really a problem?

Stigma Mechanisms in Health Disparities Framework



IMPLICATIONS - Research

- Validate findings with healthcare professionals with non-medical substance use
- Further study of enacted vs. self stigma
- Study the length of time and support needed before returning to work
- Address question: are healthcare professionals better employees after treatment?
- Analysis of concepts not discussed in dissertation:
  - trauma often associated with nurses with non-medical substance use
  - frequency of family issues
  - co-occurrence with other diseases/addictions
  - challenges specific to provider vs. patient role

IMPLICATIONS

Education

- Training in nursing and medical schools around addiction and treatment
- Reinforcing addiction is a chronic relapsing brain disease

Policy

- Understand impact of policies on individuals and groups
- Address the role of stigmatizing language in policies
- Insurance parity and coverage of treatment needed
- Management of nurse and physician cases, confidentiality, and differences among these professionals

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CONCLUSIONS

- This study can help inform efforts to encourage earlier treatment initiation by addressing identified barriers
- Time is a factor in how much harm continues to occur with the opioid crisis, need innovative and varied responses to address the barriers and make sustainable change before too much more time passes
- When society can recognize that highly respected individuals like nurses and physicians struggle just like anyone else with the chronic brain disease of addiction, the major barrier of stigma can start to be broken down

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QUESTIONS
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REFERENCES

Baldisseri, M. R. (2007). The impaired healthcare professional. *Critical Care Medicine, 35,* S106-S116.

Centers for Disease Control. (2020). America's drug overdose epidemic: Data to action. Retrieved from https://www.cdc.gov/injury/features/prescription-drug-overdose/index.html

Luo, F., Li, M., & Florence, C. (2021). State-level economic costs of opioid use disorder and fatal opioid overdose – United States, 2017. Centers for Disease Control and Prevention.. *Morbidity and Mortality Weekly Report, 70,* 541-546.

Merlo, L. J., Trejo-Lopez, J., Conwell, T., & Rivenbark, J. (2013). Patterns of substance use initiation among healthcare professionals in recovery. *The American Journal on Addictions, 22,* 605-612.

Patton, M. Q. (2015). Qualitative evaluation and research methods. Thousand Oaks, CA: Sage Publications, Inc.

Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 national survey on drug use and health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

REFERENCES – Scoping Review

Adams, Z. W., Taylor, B. G., Flanagan, E., Kwon, E., Johnson-Kwochka, A. V., Elkington, K. S., Becan, J. E., & Aalsma, M. C. (2021). Opioid use disorder stigma, discrimination, and policy attitudes in a national sample of U.S. young adults. *Journal of Adolescent Health*.

Allen, B., Harocopos, A., & Chernick, R. (2020). Substance use stigma, primary care, and the New York state prescription drug monitoring program. *Behavioral Medicine*, *46*(1), 52-62.

Antoniou, T., Ala-Leppilampi, K., Shearer, D., Parsons, J. A., Tadrous, M., & Gomes, T. (2019). "Like being put on an ice floe and shoved away": A qualitative study of the impacts of opioid-related policy changes on people who take opioids. *International Journal of Drug Policy*, *66*, 15-22.

Bachhuber, M. A., McGinty, E. E., Kennedy-Hendricks, A. (2015). Messaging to increase public support for naloxone distribution policies: results from a randomized survey experiment. *PloS One*.

Barry, C. L. (2018). Fentanyl and the evolving opioid epidemic: What strategies should policy makers consider? *Psychiatric Services*, *69*, 100-103.

Barry, C. L., & McGinty, E. E. (2014). Stigma and public support for parity and government spending on mental health: a 2013 national opinion survey. *Psychiatric Services*, *65*, 1265-1268.

Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. *Psychiatric Services*, *65*, 1269-1272.

Bowen, E. A., & Irish, A. (2019). A policy mapping analysis of goals, target populations, and punitive notions in the U.S. congressional response to the opioid epidemic. *International Journal of Drug Policy*, *74*, 90-97.

Corrigan, P. W., & Nieweglowski, K. (2018). Stigma and the public health agenda for the opioid crisis in America. *International Journal of Drug Policy*, *59*, 44-49.

Csete, J., & Catania, H. (2013). Methadone treatment providers' views of drug court policy and practice: A case study of New York State. *Harm Reduction Journal*, *10*, 35.

Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., Buxton, J., et al. (2016). Public health and international drug policy. *Lancet*, *387*(10026), 1427-1480.

Goodyear, K., & Chavanne, D. (2021). Stigma and policy preference toward individuals who transition from prescription opioids to heroin. *Addictive Behaviors*, *115*, 106784.

Heimer, R., Hawk, K., & Vermund, S. H. (2019). Prevalent misconceptions about opioid use disorders in the United States produce failed policy and public health responses. *Clinical Infectious Diseases*, *69*, 546-551

Jones, C. M. (2019). Syringe services programs: An examination of legal, policy, and funding barriers in the midst of the evolving opioid crisis in the U.S. *International Journal of Drug Policy*, *70*, 22-32.

Kelly, J. F., Greene, M. C., & Abry, A. (2020). A US national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction*, 1-11.

Kennedy-Hendricks, A., Barry, C. L., Gollust, S. E., Ensminger, M. E., Chisolm, M. S., & McGinty, E. E. (2017). Social stigma toward persons with prescription opioid use disorder: Associations with public support for punitive and public health-oriented policies. *Psychiatric Services*, *68*, 462-469.

Kerr, J., & Jackson, T. (2016). Stigma, sexual risks, and the war on drugs: Examining drug policy and HIV/AIDS inequities among African Americans using the Drug War HIV/AIDS Inequities Model. *International Journal of Drug Policy*, *37*, 31-41.

Latimore, A. D., & Bergstein, R. S. (2017). 'Caught with a body' yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. *International Journal of Drug Policy*, *50*, 82-89.

REFERENCES – Scoping Review

Latimore, A. D., & Bergstein, R. S. (2017). 'Caught with a body' yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. *International Journal of Drug Policy*, *50*, 82-89.

McGinty, E., Pescosolido, B., Kennedy-Hendricks, A., & Barry, C. L. (2018). Communication strategies to counter stigma and improve mental illness and substance use disorder policy. *Psychiatric Services*, *69*, 136-146.

Morin, K. A., Eibl, J. K., Franklyn, A. M., & Marsh, D. C. (2017). The opioid crisis: Past, present and future policy climate in Ontario, Canada. *Substance Abuse Treatment, Prevention, and Policy*, *12*, 1-7.

Mueller, S. R., Glanz, J. M., Nguyen, A. P., Stowell, M., Koester, S., Rinehart, D. J., & Binswanger, I. A. (2021). Restrictive opioid prescribing policies and evolving risk environments: A qualitative study of the perspectives of patients who experienced an accidental opioid overdose. *International Journal of Drug Policy*, 1-10.

National Academies of Sciences, Engineering, and Medicine. (2016). *Ending discrimination against people with mental health and substance use disorders. The evidence for stigma change.* National Academies Press.

Netherland, J., & Hansen, H. (2017). White opioids: Pharmaceutical race and the war on drugs that wasn't. *Biosocieties*, *12*, 217-238.

Netherland, J., & Hansen, H. B. (2016). The war on drugs that wasn't: Wasted whiteness, "Dirty doctors," and race in media coverage of prescription opioid misuse. *Culture, Medicine, and Psychiatry*, *40*, 664-686.

Priest, K. C., Englander, H., & McCarty, D. (2020). 'Now hospital leaders are paying attention': A qualitative study of internal and external factors influencing addiction consult services. *Journal of Substance Abuse Treatment*, *110*, 59-65.

Rey, C. N., Kurti, A. N., Badger, G. J., Cohen, A. H., & Heil, S. H. (2019). Stigma, discrimination, treatment effectiveness, and policy support: Comparing behavior analysts' views on drug addiction and mental illness. *Behavioral Analysis in Practice*, *12*, 758-766.

Rosmarin, A., & Eastwood, N. (2012). *A quiet revolution: drug decriminalisation policies in practice across the globe*. Release: Drugs, The Law & Human Rights.

Saunders, J. B., Jarlenski, M. P., Levy, R., & Kozhimannil, K. B. (2018). Federal and state policy efforts to address maternal opioid misuse: Gaps and challenges. *Women's Health Issues*, *28*, 130-136.

Sorrell, T. R., Weber, M., Alvarez, A., Beste, N., Hollins, U., Amura, C. R., & Cook, P. F. (2020). From policy to practice: Pilot program increases access to medication for opioid use disorder in rural Colorado. *Journal of Substance Abuse Treatment*, *114*, 1-8.

Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., L, C. S., Barre, I., & Dovidio, J. F. (2019). The health stigma and discrimination framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine*, *17*, 1-13.

The Joint United Nations Programme on HIV/AIDS. (2019). *Health, rights, and drugs: Harm reduction, decriminalization and zero discrimination for people who use drugs*

Tsai, A. C., Kiang, M. V., Barnett, M. L., Beletsky, L., Keyes, K. M., McGinty, E. E., et al. (2019). Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PloS Medicine*, *16*(11), e1002969.

Tyndall, M., & Dodd, Z. (2020). How structural violence, prohibition, and stigma have paralyzed North American responses to opioid overdose. *AMA Journal of Ethics*, *22*(1), E723-728.

Wakeman, S. E., & Rich, J. D. (2018). Barriers to medications for addiction treatment: How stigma kills. *Substance Use & Misuse*, *53*(2), 330-333.

Wogen, J., & Restrepo, M. T. (2020). Human rights, stigma, and substance use. *Health and Human Rights Journal*, *22*, 51-60.

Yang, Y. T.., & Beletsky, L. (2020). United States vs Safehouse: The implications of the Philadelphia supervised consumption facility ruling for law and social stigma. *Preventive Medicine*, *135*, 1-3.


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