Removing the Stigma from Substance Use Disorder

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Learning Objectives

• Recognize the impact of Stigma on getting people into treatment for SUD.
• Recognize the importance of using non-stigmatizing language for substance use and people with SUD.
Summary: How the words we use can support people on the path to recovery

• Substance use disorder is a chronic brain disease from which people can and do recover.

• Persistent stigma still creates barriers to treatment and recovery.

• The White House ONDCP prepared a document which draws attention to terminology related to substance use that may cause confusion or perpetuate stigma.

• Executive Branch agencies are encouraged to consider the importance of language in their communications related to substance use.

Background – Substance Use

• Substance use (and misuse) impose a devastating health and emotional burden on individuals, families, communities, States, Tribes, and the Nation.

• 20.8 million Americans 12 or older have alcohol or other drug use disorders.

• 27.1 million people aged 12 or older report past-month illicit drug use.

• 64,000 Americans died from drug overdoses in 2016: 175 people every day, 1 person every 8 minutes.

• 9 out of 10 individuals in need of treatment for a substance use disorder do not receive treatment.
**Misuse**

- “Substance misuse” - use of any substance in a manner, situation, amount or frequency that can cause harm to the person with SUD or to those around them.

- For some substances or individuals, any use would constitute misuse (e.g., under-age drinking, any use of illegal drugs).

- Prescription drug misuse refers to the use of a drug in any way a doctor did not direct an individual to use it.

Background – the Brain

• Substance use disorder is a chronic brain disease from which people can and do recover.
• Addictive substances can lead to dramatic changes in brain function and reduce a person’s ability to control his or her substance use.
Stigma

- Dehumanization of the individual based on their social identity or participation in a negative or an undesirable social category.

Four Identified Types of Stigma

• Public
  • Endorsement by the public of negative attitudes against a specific stigmatized group, which manifests in discrimination towards individuals belonging to that group.

• Perceived
  • Stigmatized individuals think that most people believe common negative stereotypes about individuals belonging to the same stigmatized category.

• Enacted
  • Direct experience of discrimination and rejection from members of the larger society.

• Self
  • Negative thoughts, feelings, and diminished self-image resulting from identification with the stigmatized group and anticipation of rejection from the larger society.

Background – Stigma

• People with substance use disorders are viewed more negatively than people with physical or psychiatric disabilities.

• The terminology often used can suggest that substance use disorders are the result of a personal failing/choice.

• The term “abuse” is highly associated with negative judgments and punishment.

• Even trained clinicians are likely to assign blame when someone is called a “substance abuser” rather than a “person with a substance use disorder.”

• Negative attitudes among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes.
Scott County Focus Group

• “I love them (Syringe Exchange Staff) to death. They’re nice people. They don’t look down on you, because we’re just drug users. A lot of people think you’re trash because you’re an IV drug user [but] they don’t. It’s the best thing. I am happy about it.” (Tracy, F2)
Background- Language

- American Society of Addiction Medicine and others have recommended the adoption of clinical, non-stigmatizing language for substance use.
- “Person-first language” has been widely adopted by professional associations to replace negative terms that have been used to label people with other health conditions and disabilities.
- “Person with a mental health condition” or “person with a disability” carry neutral rather than negative connotations, and distinguish the person from his/her diagnosis.
Substance Use Disorder

• The current Diagnostic and Statistical Manual of Mental Disorders replaced older categories of substance “abuse” and “dependence” with a single classification of “substance use disorder.”

• Terms such as “drug habit” inaccurately imply that a person is choosing to use substances or can choose to stop.
Person with a Substance Use Disorder

• Person-first language is the accepted standard for discussing people with disabilities and/or chronic medical conditions.

• Use of the terms “abuse” and “abuser” negatively affects perceptions and judgments about people with substance use disorders.

• Terms such as “addict” and “alcoholic” can have similar effects.

• Using the terms “addicted babies” or “NAS babies” stigmatizes both the baby and the mom.
Person in Recovery

• Various terms are used colloquially to label the people with SUD, including the terms “clean” and “dirty.”

• Instead of “clean,”
  • “negative” (for a toxicology screen)
  • “not currently using substances” (for a person)

• Instead of “dirty,” the term
  • “positive” (for a toxicology screen)
  • “currently using substances” (for a person)

• The term “person in recovery” refers to an individual who is stopping or at least reducing substance use to a safer level, and reflects a process of change.
Medication-Assisted Treatment

• Terms “replacement” and “substitution” have been used to imply that medications merely “substitute” one drug or “one addiction” for another. This is a misconception.

• The dosage of medication used in treatment for opioid use disorder does not result in a “high,” rather it helps to reduce opioid cravings and withdrawal.

• “Medication-assisted treatment” (MAT) is used to refer to the use of any medication approved to treat substance use disorders combined with psychosocial support services.
Know the facts.

UNDERSTANDING OPIOID USE DISORDER

Outreach Presentation
How Do Opioids Work?

Opioids work by:
1) Binding to brain receptors
2) Minimizing the perception of pain
3) Stimulating “reward” centers in the brain
4) Triggering feelings of pleasure, relaxation and euphoria
FACT 1

It’s a disease.
FACT 2
There is treatment.

#KnowTheOFacts
What is the Most Effective Treatment Option?

Medication-Assisted Treatment (MAT)

Combines prescribed medication and behavioral therapies to treat opioid use disorder
FACT 3
Recovery is possible.
What can you do to reduce the stigma?
## Language matters

<table>
<thead>
<tr>
<th>SAY THIS</th>
<th>NOT THIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person with Opioid Use Disorder</td>
<td>Addict, user, druggie, junkie, abuser</td>
</tr>
<tr>
<td>Disease</td>
<td>Drug habit</td>
</tr>
<tr>
<td>Person living in recovery</td>
<td>Ex-addict</td>
</tr>
<tr>
<td>Person arrested for a drug violation</td>
<td>Drug offender</td>
</tr>
<tr>
<td>Substance dependent</td>
<td>Hooked</td>
</tr>
</tbody>
</table>
## Language matters

**SAY THIS**  
**NOT THIS**

<table>
<thead>
<tr>
<th>Medication is a treatment tool</th>
<th>Medication is a crutch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had a setback</td>
<td>Relapsed</td>
</tr>
<tr>
<td>Maintained recovery; substance-free</td>
<td>Stayed clean</td>
</tr>
</tbody>
</table>

In Review

- Know the “O” facts
  - Opioid Use Disorder is a Disease
  - There is Treatment
  - Recovery is Possible
- Be aware of your attitudes and behavior
- Choose your words carefully
  - Avoid Hurtful labels
- Be kind to everyone
In Review

• Educate others
• Be supportive, include everyone
• Replace negative attitudes with evidence-based facts
• Offer compassionate support
• Treat people with Opioid Use Disorder with dignity and respect
Know the facts.
UNDERSTANDING OPIOID USE DISORDER

www.IN.gov/recovery