

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 were encouraged to consider the importance of language in their communications related to substance use.

Boticelli, Michael. *Changing the Language of Addiction*.

<https://obamawhitehouse.archives.gov/blog/2017/01/13/changing-language-addiction>

Substance Use Disorder Facts

- 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.
- 72,000 Americans died from drug overdoses in 2017: 197 people every day, 1 person every 7.5 minutes.
- 9 out of 10 individuals in need of treatment for a substance use disorder do not receive treatment.

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.



What is Substance 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.

* Taken from Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. (2016). Glossary p.3-4. U.S. Department of Health and Human Services.

Stigma Associated with SUD

- People with SUD are viewed more negatively than people with physical or psychiatric disabilities.
- The terminology often used can suggest that SUDs 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.

What is Stigma?

- Dehumanization of the individual based on their social identity or participation in a negative or an undesirable social category.
- A process in which individuals are devalued, rejected and excluded on the basis of a socially unacceptable health condition.

Stigma and Discrimination

“The stigma associated with addiction is one of the greatest challenges to recovery. Each year only 10 percent of Americans who need alcohol and drug treatment get the help they need. Yet with treatment and support, people with addiction can lead productive lives.”

-from HBO Addiction Project :

supported by the Robert Wood Johnson Foundation, NIAAA, and NIDA

<https://www.hbo.com/addiction/stigma/>

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. - “Junkies”
- Self
 - Negative thoughts, feelings, and diminished self-image resulting from identification with the stigmatized group and anticipation of rejection from the larger society. “I’m a just an addict, a loser.”
- Perceived
 - Stigmatized individuals think that most people believe common negative stereotypes about individuals belonging to the same stigmatized category. - “They won’t treat me ‘cause I’m an addict.”
- Enacted
 - Direct experience of discrimination and rejection from members of the larger society. - Starbucks - You can’t use this bathroom

Consequences of Self-Stigma

- Shame, isolation
- Internalization of negative public stereotypes → low self-esteem; feelings of worthlessness
- Low self-efficacy (“why try?”) → difficulty seeking or engaging in care
- Relapse
- Linked to increased rates of depression and anxiety
- Lower quality of life

Consequences of Social Stigma

- Social isolation
- Lack of support from family and friends
- Prejudice and discrimination by health care, social services, and law enforcement agencies and professionals
- Discrimination in the workplace, housing, and education

Consequences of Structural Stigma

- Lack of parity in insurance coverage for treatment of addiction
- Inadequate funding of public programs for treatment for uninsured/ underinsured individuals
- Lack of funding for harm reduction programs
- Incarceration instead of treatment for people with SUD and lack of treatment within correctional facilities → cycle of reincarceration

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)

LANGUAGE MATTERS

The Language we use:

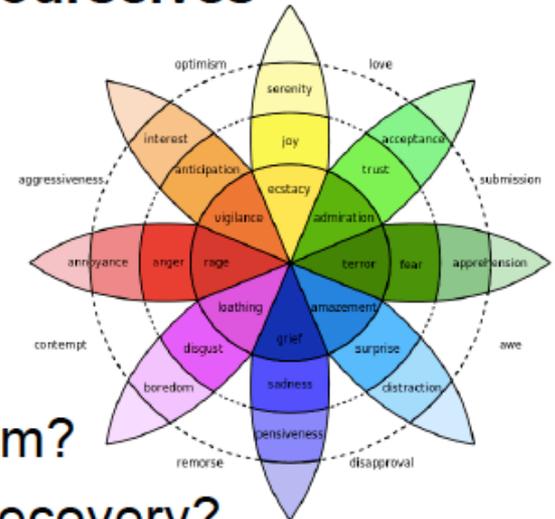
- Represents the meanings we have constructed from experience
- Prompts attitudes, expectations, values, and actions
- Should reflect unconditional positive regard for people
- Too often shows our biases, stigmas, and learned behaviors



WHAT LANGUAGE CONVEYS

Our language conveys thoughts, feelings, facts and information, but beyond that, we need to ask ourselves questions like:

- What else am I saying?
- How will someone else read/hear this?
- Do I give a sense of commitment and hope?
- Do I present opportunity or a sense of pessimism?
- Do I convey an awareness and expectation of recovery?



PEOPLE FIRST LANGUAGE

We are People First and Foremost

Noone should be defined by their difficulties, their diagnoses, or by any single aspect of who they are, where they have been, how they present, or who they associate with

- People-First Language emphasizes the person, not the disability.
- By placing the person first, the disability is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person.



STRENGTHS BASED LANGUAGE

Implements an approach in the way we speak that focuses on the innate strengths of individuals, using their personal strengths to aid in recovery, empowerment, and promote the positive.

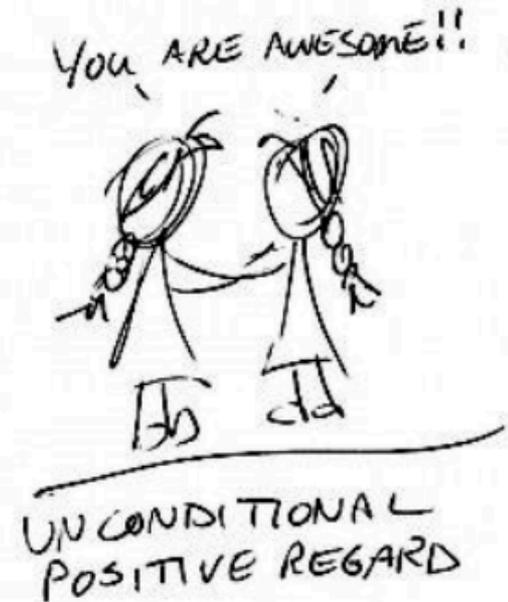
Example :

Use the word “*challenge*” instead of the word “*problem*”

People often perceive the word “*problem*”, as an inconvenience or something that will never go away. When you use the word “*challenge*”, people tend to associate the word with an obstacle that can be overcome, and if you overcome that challenge you feel accomplished.

RECOVERY FRIENDLY LANGUAGE

- Supports an environment based on mutual respect and personal responsibility
- Facilitates and promotes a comfortable and safe space that focuses on wellness and recovery, rather than on illness and disability
- Models communication that supports advocacy, strength, and encouragement for people with lived mental health experience(s)
- Reduces stigma and shame





COMMONLY USED LANGUAGE THAT STIGMATIZES PEOPLE WITH A SUBSTANCE USE DISORDER

Addict

Abuser

Crack head

Clean/Dirty

“Getting Clean”

Junkie

NAS Baby

Meth head

Drunk



- “Abuse” and “abuser”, “addict” and “alcoholic” negatively affect perceptions and judgments about people with SUDs.
- Using the terms “addicted babies” or “NAS babies” stigmatizes both the baby and the mom.
- Stigmatizing terms commonly used in medical practice for people with SUD: “clean” and “dirty.”
- Instead of “clean,” say:
 - “negative” (for a toxicology screen)
 - “had a negative tox/urine screen” (for a person)
- Instead of “dirty,” say:
 - “positive” (for a toxicology screen)
 - “had a positive tox/urine screen” (for a person)

MEDICATION-ASSISTED TREATMENT

- Opioid “replacement” or “substitution” have been used to imply that medications merely “substitute” one drug or “one addiction” for another. This is a deadly misconception.
- The dosage of medication used in treatment for OUD does not result in a “high,” rather it helps to reduce illicit opioid withdrawal, cravings, and use.
- “Medication-assisted treatment” (MAT) is used to refer to the use of any medication approved to treat SUDs combined with psychosocial support services.

Questions?