

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 and diseases resulting from IDU.
- Recognize the importance of using non-stigmatizing language for substance use and people with SUD.
- Recognize the critical role of harm reduction in reducing stigma and eliminating barriers to care.

How the Epidemic of Drug Overdose Deaths Rippled Across America

By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016

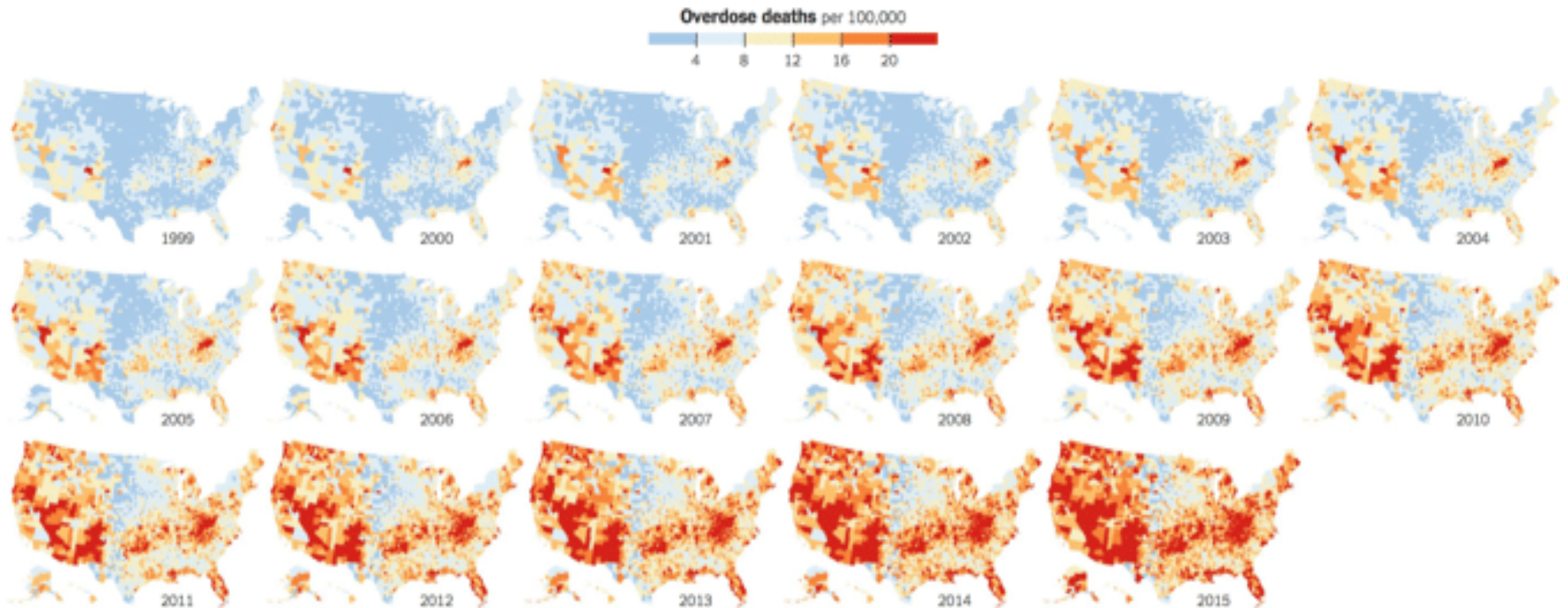


Image New York Times



SUBSTANCE USE DISORDER FACTS

NSDUH 2017*

- Substance use (and misuse) impose a devastating health and emotional burden on individuals, families, communities, States, Tribes, and the Nation.
- 19.7 million Americans 12 or older had an alcohol or other drug use disorder in 2017.
- 30.5 million people aged 12 or older report past-month illicit drug use (1 out of every 9 Americans).
- 9 out of 10 individuals in need of treatment for a substance use disorder do not receive treatment (18.2 million).
- Only 1 million perceive they need treatment.



Bleak New Estimates in Drug Epidemic: A Record 72,000 Overdose Deaths in 2017

Fentanyl is a big culprit, but there are also encouraging signs from states that have prioritized public health campaigns and addiction treatment.

By Margot Sanger-Katz

Aug. 15, 2018



Drug overdoses killed about 72,000 Americans last year, a record number that reflects a rise of around 10 percent, according to new preliminary [estimates](#) from the Centers for Disease Control. The death toll is higher than the peak yearly death totals from [H.I.V., car crashes or gun deaths](#).

Drug Deaths in America Are Rising Faster Than Ever

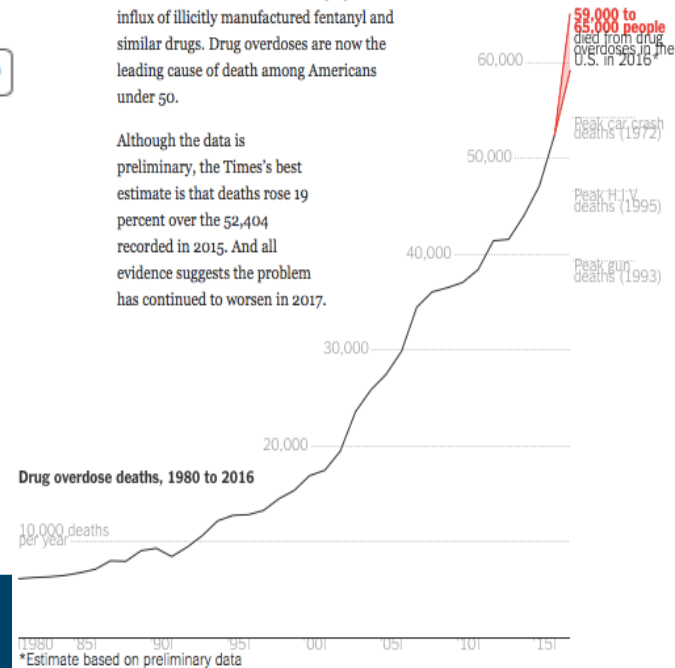
By JOSH KATZ JUNE 5, 2017

New data compiled from hundreds of health agencies reveals the extent of the drug overdose epidemic last year.

AKRON, Ohio — Drug overdose deaths in 2016 most likely exceeded 59,000, the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.

The death count is the latest consequence of an escalating public health crisis: opioid addiction, now made more deadly by an influx of illicitly manufactured fentanyl and similar drugs. Drug overdoses are now the leading cause of death among Americans under 50.

Although the data is preliminary, the Times's best estimate is that deaths rose 19 percent over the 52,404 recorded in 2015. And all evidence suggests the problem has continued to worsen in 2017.



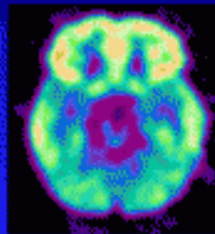
SUBSTANCE USE DISORDER FACTS

- 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.

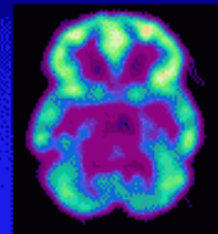
Addiction is Like Other Diseases...

- It is preventable
- It is treatable
- It changes biology
- If untreated, it can last a lifetime

**Decreased Brain Metabolism
in *Drug Abuser***

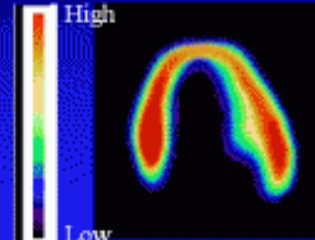


Healthy Brain

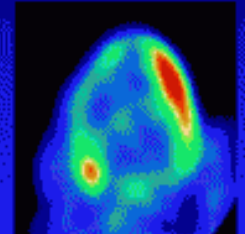


Diseased Brain/
Cocaine Abuser

**Decreased Heart Metabolism
in *Heart Disease Patient***



Healthy
Heart



Diseased Heart

*Research supported by NIDA addresses all of these
components of addiction.*

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.

* 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 we use 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.

Persistent stigma about substance use disorder and substance misuse still creates barriers to treatment and recovery.

*Stop Talking Dirty: Clinicians, Language and Quality of Care for the Leading Cause of Preventable Death in the United States. [https://www.amjmed.com/article/S0002-9343\(14\)00770-0/fulltext](https://www.amjmed.com/article/S0002-9343(14)00770-0/fulltext)

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.

*Ervin Goffman, [Stigma: Notes on the Management of a Spoiled Identity](#). 1963

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

- 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 (Social)
 - Direct experience of discrimination and rejection from members of the larger society. - Starbucks - You can’t use this bathroom
- Public (Structural)
 - Endorsement by the public of negative attitudes against a specific stigmatized group, which manifests in discrimination towards individuals belonging to that group. -

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

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



PEOPLE FIRST LANGUAGE

We are People First and Foremost

No one 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.

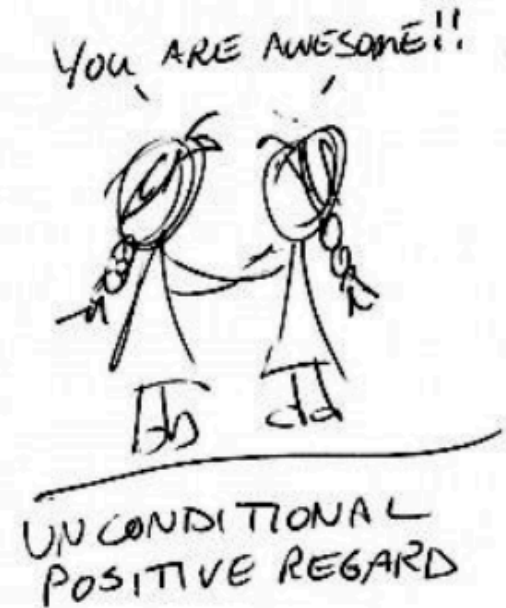
Example :

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

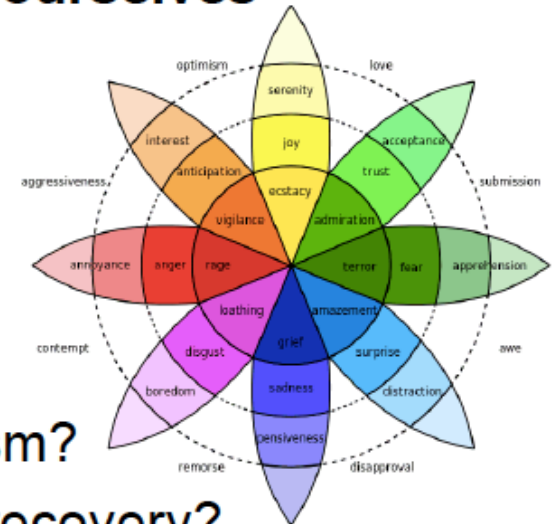
- Supports an environment based on mutual respect and personal responsibility
- Facilitates and promotes a comfortable and safe space that focuses on wellness and recovery, rather than on illness and disability
- Models communication that supports advocacy, strength, and encouragement for people with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



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?





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.

WORDS MATTER

Our words define who we are (and how others perceive us)

Words share : *Beliefs, Perceptions , Stigmas, Attitudes, Values*

- The words we choose reflect what (and who) we do (and do not) truly value
- Compassionate words move recovery forward, support resiliency and make us all great!



*Attitude is a little thing
that makes a big difference*

- Winston Churchill

ENSURE THAT OUR LANGUAGE IS:

- Empathetic
- Respectful
- Non-Judgmental
- Non-Stigmatizing
- Clear and understandable
- Free of jargon, confusing data, and speculation
- Carrying a sense of commitment, hope, and presenting the potential for opportunity



RECOVERY IS A JOURNEY

- Reducing harmful substance use to a safer level reflects a process of change and is often the first step on the path to recovery.
- “Person in recovery” refers to an individual who has taken steps to stop using substances.

SYRINGE SERVICES PROGRAMS

- Community-based programs that provide access to sterile injection equipment, vaccines, wound care
- Additional support:
 - STI testing and Condoms
 - Food
 - Naloxone
 - Referral services
- Goals:
 - Meet people where they are
 - Provide access to services
 - Prevent hopelessness, death, and disease



SYRINGE SERVICES PROGRAMS BENEFITS

- Life-saving
- Decreased syringe sharing
- Reduction in HIV/HBV/HCV transmission
- Safe syringe disposal
- Increased Referral to treatment
- Increased entry into addiction treatment
- Improvements in multiple life outcomes:
 - Housing, income, family relationships, legal issues, etc.
- Cost savings

Vlahov D, et al. *Public Health Rep* 1998;113(Suppl 1):75-80.; Aspinall EJ, et al. *Int J Epidemiol* 2014;43(1):235-48.

Hagan H, et al. *J Infect Dis* 2011;204(1):74-83.; Tookes HE, et al. *Drug Alcohol Depend* 2012;123(1-3):255-9.

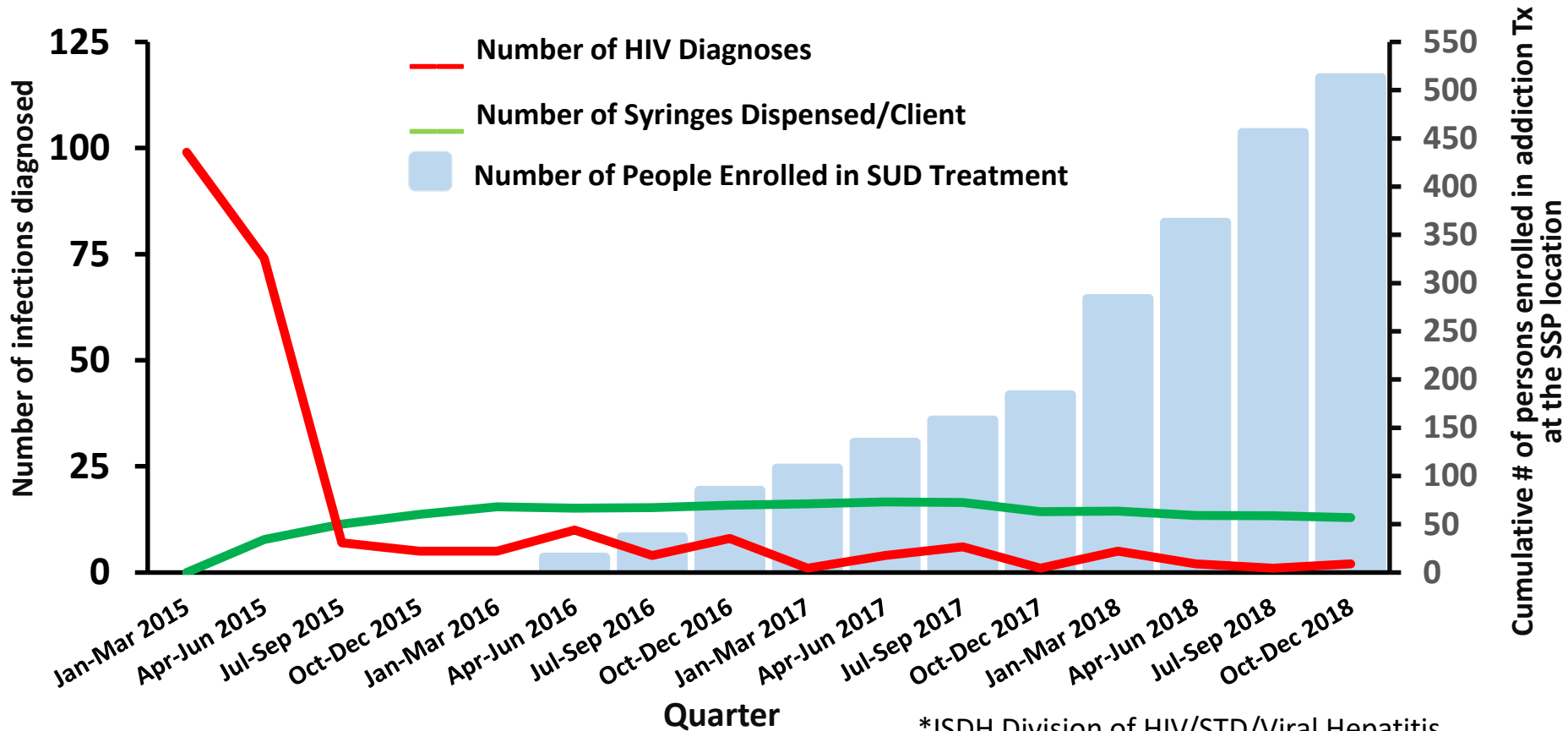
Hagan H, et al. *J Subst Abuse Treat* 2000;19(3):247-52.; Strathdee SA, et al. *Drug Alcohol Depend* 2006;83(3):225-32.

Rogers SJ, et al. *Harm Reduct J* 2004;1(1):7.; Abdul-Quader AS, et al. *AIDS Behav* 2013;17(9):2878-92.

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)

HIV Dx*/ Syringes per Client^/Enrolled in Treatment for SUD#, Scott County SSP



*ISDH Division of HIV/STD/Viral Hepatitis





Know the facts.

**UNDERSTANDING
OPIOID USE DISORDER**

www.IN.gov/recovery

Language matters

SAY THIS



NOT THIS

Person with Opioid Use Disorder	Addict, user, druggie, junkie, abuser
Disease	Drug habit
Person living in recovery	Ex-addict
Person arrested for a drug violation	Drug offender
Substance dependent	Hooked
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean

Office of National Drug Control Policy, *Changing the Language of Addiction*. 01/09/17.
National Council for Behavioral Health, *Language Matters*, September 2015.

#KnowTheOFacts



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