Straight Talk About Stigma

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Some information contained in this presentation was originally created and presented by the Mountain Plains ATTC Staff at the University of North Dakota.
Working with communities to address the opioid crisis.

SAMHSA’s State Targeted Response Technical Assistance (STR-TA) Consortium assists STR grantees and other organizations, by providing the resources and technical assistance needed to address the opioid crisis.

Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
Working with communities to address the opioid crisis.

The STR-TA Consortium provides local, experienced consultants to communities and organizations to help address the opioid public health crisis.

The STR-TA Consortium accepts requests for education and training resources.

Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS) who is an expert in implementing evidence-based practices.

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Contact the STR-TA Consortium

To ask questions or submit a technical assistance request:

- Visit www.opioidrespondsenetwork.org
- Email str-ta@aaap.org
- Call 401-270-5900

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Stigma is defined as a mark of disgrace or infamy, a stain of reproach, as on one's reputation (SAMHSA, 2018)

Stigma remains the biggest barrier to addiction treatment faced by patients/clients (naabt.org)
3 Types of Stigma

“Public stigma” encompasses the attitudes and feelings expressed by many in the general public toward persons living with mental health or SUD challenges or their family members.

“Institutional stigma” occurs when negative attitudes and behaviors about mental illness or SUD, including social, emotional, and behavioral problems, are incorporated into the policies, practices, and cultures of organizations and social systems, such as education, health care, and employment.

“Self-stigma” occurs when individuals internalize the disrespectful images that society, a community, or a peer group perpetuate, which may lead many individuals to refrain from seeking treatment for their mental health or SUD conditions.”
How Does Stigma Affect Family Members & Others?

This is called *courtesy stigma*. It means sometimes family members & those associated with persons with mental illness or SUD experience avoidance by others because of stigma.

Some say mental health and addiction services receive less funding because of the type of service they provide, and there is often less support money.

Communities lose the positive resources those with mental illness/SUD could provide. Stigma perpetuates fears about mental illness and addiction.
The Backbone of Stigma

✧ Lack of trust in intimate settings
✧ Possible contact with vulnerable group
✧ Potential for self harm
✧ MI/SUD being antithetical to power or authority
✧ Unsure how to interact with person with MI/SUD

Source: https://www.ncbi.nlm.nih.gov/books/NBK384923/
Stigma Roulette For SUD

Stigma from within
  – Blame self, feel hopeless

Stigma from recovery community
  – Medications vs. “abstinence”

Stigma from clinicians
  – Belief that treatment is ineffective

Stigma from outside
  – Choice (moral failing) vs. disease
## How does Stigma Impact Individuals?

<table>
<thead>
<tr>
<th>Effects of Prejudice and Discrimination</th>
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</thead>
</table>
| Prejudice and discrimination exclude people with MH and SUD challenges from activities that are open to other people | This limits people’s ability to:  
• Get/keep employment  
• Get/keep housing  
• Get health care (including MH/SUD TX)  
• Be accepted by family/friends  
• Find/make friends or have other long-term relationships  
• Take part in social activities |
| Prejudice and discrimination often become internalized by people with MH/SUD challenges | This leads them to:  
• Believe the negative things (self stigma)  
• Have lower self esteem because of guilt/shame |
| Prejudice and discrimination can cause ppl with MH/SUD challenges to keep it a secret | As a result:  
• They avoid getting the help they need  
• MH/SUD issues less likely to decrease or end |

Factors that Influence Stigma and Consequences

Blame

People with substance use disorders are generally considered to be more responsible for their conditions than people with depression, schizophrenia, or other psychiatric disorders (Crisp et al., 2000, 2005; Lloyd, 2013; Schomerus et al., 2011).

Belief that a substance misuser's illness is a result of the person's own behavior can also influence attitudes about the value and appropriateness of publicly funded alcohol and drug treatment and services (Olsen et al., 2003).
Substance use disorder is among the most stigmatized conditions in the US and around the world. People do not want to work with, be related to, or even see people with a substance use disorder in public.

Many believe that people with a substance use disorder can or should be denied housing, employment, social services, and health care.

Some health care providers treat patients who have substance use disorders differently.

Clinicians have lower expectations for health outcomes for patients with substance use disorders; this in turn can affect whether the provider believes the patient is deserving of treatment.

Some health care providers, falsely believing that substance use disorders are within a person’s control, cite feelings of frustration and resentment when treating patients with substance use disorders.

Stereotypes of Dangerousness

People with substance use disorders are considered even more dangerous and unpredictable than those with schizophrenia or depression (Schomerus et al., 2011).

In a survey conducted in the United States (Link et al., 1997), a vast majority of respondents considered it likely for a cocaine- or alcohol-dependent person to hurt others.
Media Portrayals

Much of the evidence on the media's influence on stigma change is negative in direction (Pugh et al., 2015).

The media play a crucial role in stoking fear and intensifying the perceived dangers of persons with substance use disorders (Lloyd, 2013).

Similarly, media portrayals of people with mental illness are often violent, which promotes associations of mental illness with dangerousness and crime (Diefenbach and West, 2007; Klin and Lemish, 2008; Wahl et al., 2002).

Furthermore, the media often depict treatment as unhelpful (Sartorius et al., 2010; Schulze, 2007) and portray pessimistic views of illness management and the possibility of recovery (Schulze, 2007).
Stigma = Prejudice = Discrimination

<table>
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<tr>
<th>Terms to Avoid</th>
<th>Why</th>
<th>Preferred Terminology</th>
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</thead>
<tbody>
<tr>
<td>Addict, Abuser, Junkie, User</td>
<td>These terms are demeaning because they label a person solely by his/her illness or behavior and imply a permanency to the condition</td>
<td>Person with a substance use disorder</td>
</tr>
<tr>
<td>Clean or Dirty</td>
<td>These words associate symptoms (i.e. positive drug tests) with judgement statements about cleanliness.</td>
<td>Negative, positive, abstinent, substance-free, actively using</td>
</tr>
<tr>
<td>Habit or Drug Habit</td>
<td>These terms deny the medical nature of the condition and imply that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior</td>
<td>Substance use disorder, regular substance use</td>
</tr>
<tr>
<td>Opioid Replacement or Methadone Maintenance</td>
<td>These words imply that treatment medications are equal to street drugs and suggests a lateral move from illegal to legal addiction</td>
<td>Medication-assisted treatment, medication-assisted recovery</td>
</tr>
</tbody>
</table>
Additional Person First Language Examples

✧ Describing People With Disabilities:

✧

✧ The Words We Use Matter - Reducing Stigma through Language:
Role of Providers/Policy Makers

Reduce stigma surrounding substance misuse.

Challenge providers and communities to be aware of unintentional bias.

Use appropriate language in formal and informal conversations when discussing SUDs to decrease stigma by:

- Removing labels
- Using “person first” language
Reminders

Substance Use Disorder (SUD) is a chronic disease. . . as are diabetes, depression and hypertension.

Substance use falls along a continuum:
- Use ranges from abstinence/low-risk to chronic dependence and encompasses all stages in between.
- Relapse and lapse are a part of the disease process.

As many other chronic diseases can be managed, SUD can also be managed through appropriate treatment -- even during pregnancy.

Successful treatment for SUD means the person is in recovery; it does not mean they are “cured.”
Reminders (continued)

- **Embrace positive change:** Treatment for substance use disorders has historically been viewed as binary, with addiction and abstinence as a person’s only two options
  - Don’t create a dichotomy of “someone is using or not using.” There are many positive changes a person can make to reduce negative consequences
  - Don’t convey the impression that abstinence is the only goal
  - Don’t assume there is only one “right” way to address substance misuse
Reminder: Words Matter

‘ADDITION-ARY’ ADVICE
The Recovery Research Institute’s glossary of addiction-related terms flags several entries with a “stigma alert” based on research that suggests they induce bias. A sampling:

**ABUSER, ADDICT**
Use “person-first” language: Rather than call someone an addict, say he or she suffers from addiction or a substance-use disorder.

**DRUG**
Use specific terms such as “medication” or “a non-medically used psychoactive substance” to avoid ambiguity.

**CLEAN, DIRTY**
Use proper medical terms for positive or negative test results for substance use.

**LAPSE, RELAPSE, SLIP**
Use morally neutral terms like “resumed” or experienced a “recurrence” of symptoms.

HMS Professor John Kelly helped to create the *Addiction-ary*, a glossary of addiction-related terms to help medical professionals and the general public modify their language about addiction. Graphic by Rebecca Coleman/Harvard Staff

Recommended Reading

Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change

https://www.ncbi.nlm.nih.gov/books/NBK384923/
Wearing My Past On My Sleeve

Folsom Prison, drug conviction: 1996

Long Beach, CA: 1999
Waiting to die: opioid/cocaine addiction

MAT: 2000/2014
Detoxed
2/13/2014
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References


✧ Johns Hopkins HUB. (October 1, 2014). Drug addiction viewed more negatively than mental illness, Johns Hopkins study shows.
