

**SUBSTANCE  
USE DISORDERS  
AND STIGMA**

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**MEET RENEE**

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**OBJECTIVES**

- Participants will learn definitions of types of stigma.
- Participants will learn the impact of stigma on individuals with substance use disorders.
- Participants will learn skills to address stigma and substance use disorders.

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**A PICTURE IS WORTH A THOUSAND WORDS.**

DRUG ADDICT VERSUS SUBSTANCE USE DISORDER

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**DEFINITION OF STIGMA**

Mark of disgrace connected to a situation or quality of a person.

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**TYPES OF STIGMA**

|   |  |  |  |
|---|--|--|--|
| <p><b>PUBLIC</b></p> <p>Public endorses negative stereotypes and prejudices. Results in discrimination.</p> | <p>When a person with mental illness or substance-use disorder internalizes public stigma.</p> | <p><b>PERCEIVED</b></p> <p>Thoughts that others have negative beliefs about people with mental illness or substance use disorders.</p> | <p>When a person chooses not to seek treatment to avoid being assigned a stigmatizing label.</p> |
|   | <p><b>SELF</b></p>   |  | <p><b>LABEL AVOIDANCE</b></p>  |

Source: Washington State University Health Services Spokane (n.d.). Stigmatization. [https://www.washingtonstate.edu/health-services/spokane/education/graduate-programs/behavioral-science/behavioral-science-graduate-program-student-resources/stigmatization/](https://www.washingtonstate.edu/health-services/spokane/education/graduate-programs/behavioral-science/behavioral-science-graduate-program/behavioral-science-graduate-program-student-resources/stigmatization/)

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**TYPES OF STIGMA**

|   |  |  |
|---|--|--|
| <p>When the effects of stigma are extended to someone linked to a person with mental health difficulties.</p> | <p><b>STRUCTURAL</b></p> <p>Institutional policies or other societal structures which decrease opportunities for people with mental health difficulties.</p> | <p>When a health professional allows stereotypes and prejudices about mental illness to negatively affect a client's care.</p> |
| <p><b>STIGMA BY ASSOCIATION</b></p>   |  | <p><b>HEALTH PRACTITIONER</b></p>  |

Source: Washington State University Health Services Spokane (n.d.). Stigmatization. <https://www.washingtonstate.edu/health-services/spokane/education/graduate-programs/behavioral-science/behavioral-science-graduate-program-student-resources/stigmatization/>

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## HOW DID WE GET HERE?

|                                |                          |   |   |  |
|--------------------------------|--------------------------|---|---|--|
| 1800-1860                      | 1914                     | 1920-1933   | 1951  | 1971                                     |
| Temperance Movement            | Harrison Narcotic Act    | Prohibition   | Boggs Act   | Nixon declares drugs a "national threat" |
| 1980S                          | MID 1980S TO EARLY 1990S | LATE 1990S TO TODAY   | MID 2000S   | FUTURE?                                  |
| Start of the HIV/AIDS epidemic | "Just Say No" campaign   | Increase in acceptability of alcohol use, particularly with women | Start of the state legalization of recreational marijuana |  |

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## WHAT CAN STIGMA DO?

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## PUBLIC STIGMA

- Public biases lead to discrimination
  - Increases when there are secondary sources of stigma
- Individuals with a SUD diagnosis are often viewed as people with
  - Low warmth and competence
  - Dangerous
  - Unpredictable
  - Not capable of making decisions
  - Criminal
  - Worthless and moral failure
  - Untrustworthy
- MAT = Substituting one drug for another
- Decreases social support
- Can public stigma prevent substance use?

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## SELF STIGMA

- Negatively impacts hope, self-worth, and sense of personal empowerment
- Shame is the emotional core of self-stigma
  - Delays treatment seeking behaviors
  - Increases recurrence of substance use
  - Increases treatment drop out
  - Increases self-sabotage behaviors

"I know a lot of my heavy using was because I was ashamed of what I was doing and it didn't ... commonsense approach would be to not use. But in my case, it was, use more so I could forget how bad I was feeling about myself." —Rose

"At the end of the day, you've got to be happy with yourself and I'm not happy with myself. I don't look in the mirror and say I love myself, I don't even like myself, I self-loathe myself, I hate myself, I hate what I've done to myself and done to others by doing it to myself." —Sophia

Matthews, S., Duper, E., & Stock, A. (2017).

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## PERCEIVED STIGMA

- Decreases recovery capital and self-worth
- Conceal treatment history and recovery status
- Increases self-stigma

"Sometimes I go outside and I really feel hated, ...I thought it must be how I dress or [the] expression on my face or something. You just constantly feel like you've got a big neon sign on your head saying you know, contemptible loser. So when someone actually...in a shop or something they'll actually smile at you or act like you're a normal being, human being, it's really restorative, it cheers me up for days." —Blandine

Matthews, S., Duper, E., & Stock, A. (2017).

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## LABEL AVOIDANCE

The 2021 National Survey on Drug Use and Health found of those who perceived the need for treatment

- 14.7% thought it would have a negative effect on their job
- 10.4% were worried it could cause neighbors and communities to have a negative opinion about them
- 9.9% did not want others to find out

Schwarz, Howard, Mind, Health, Substance Abuse Administration. (2021).

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### STIGMA BY ASSOCIATION




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### STRUCTURAL STIGMA

| Incarceration   | Healthcare   | Housing  | Employment   |
|---|--|--|--|
| <ul style="list-style-type: none"> <li>• War on Drugs</li> <li>• Treatment?</li> <li>• Relationships</li> </ul> | <ul style="list-style-type: none"> <li>• ACA</li> <li>• Barriers to treatment</li> <li>• Need exchanges</li> </ul> | <ul style="list-style-type: none"> <li>• Fair Housing Law</li> <li>• Increases homelessness</li> </ul> | <ul style="list-style-type: none"> <li>• Drug testing</li> <li>• Low employment rates</li> </ul> |

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### HEALTH PRACTITIONER STIGMA

Stigma is the fundamental cause of health inequalities including ineffective and negative treatment.

" My parents, every time I was drinking, they would bring me to the ER. Now every time I go to the ER for my asthma, they think I am there for my drinking. I hate going to the hospital because they just think I have been drinking." - Dorothy

Martinez, S., Dyer, C., & Brook, A. (2017).

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## HOW CAN WE INFLUENCE CHANGE IN OUR PRACTICE?

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## CHANGE YOUR LANGUAGE

- Use person-first language.
  - Person-first language was first written in the American with Disabilities Act in 1990.
  - Per the National Institute of Drug Abuse, "Person-first language maintains the integrity of individuals as whole human beings – by removing language that equates a person to their condition."
  - Addressing SUDs as treatable condition is one of the most effective ways to reduce stigma related to SUDs.
  - Person-first language is simply that, putting the person first and not their diagnosis.
  - One thing to remember is that those who have a SUD have their own culture and may use terms that someone without an SUD or a provider may not use.

National Institute on Drug Abuse, 2023

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## CLINICAL AND DIAGNOSTIC TERMS (SHATTERPROOF)

| Instead of  | Use  |
|---|--|
| Abuser, addict, druggie, user, junkie, alcoholic, drunk | Person with a substance use disorder ("person with opioid/alcohol use disorder" if relevant, can use the term "patient" if you are in a clinical setting).                             |
| Abuse, drug problem, habit/drug habit, dependence       | Substance use disorder, use, used other than prescribed, harmful, hazardous, or risky use.   |
| Clean/Dirty (for toxicology results)                    | Testing negative, testing positive   |
| Clean/Dirty (for non-toxicology purposes)               | Being in remission or recovery, abstinent, not currently or actively using nonprescribed mood-altering substances, not drinking or taking drugs. Person who uses drugs and/or alcohol. |

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| Instead of   | Use   |
|--|---|
| Substitution, replacement therapy                  | Opioid agonist therapy, medication management, pharmacotherapy, medication for substance use disorder |
| Drug addicted infant, addicted baby, born addicted | Baby with neonatal opioid withdrawal, neonatal abstinence syndrome, newborn exposed to substances     |
| Compliant/Non-compliant                            | Adherent/Non-adherent   |
| Detox  | Withdrawal management   |
| Drug offender                                      | Person arrested for drug violation, person with criminal legal involvement                            |

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| Instead of                        | Use   |
|-----------------------------------|---|
| Relapse, lapse, slip              | Resumed or experienced a recurrence of substance use or substance use disorder symptoms |
| Sober                             | Well, healthy, in recovery  |
| Ex-addict, former/reformed addict | Person in recovery or person in long-term recovery                                      |

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### CREATE A SAFE SPACE

- Be aware of your surroundings when talking to clients.
- Encourage open and honest conversations.
- Be proactive.
- Have humility.
- Know your resources.
- Know your “why.”
- Create a comfortable physical space.

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### SELF-DISCLOSURE

- Use self-disclosure if it will further therapeutic objectives.
- Use self-disclosure when rapport and trust have been established.
- Be authentic.
- Keep it brief.

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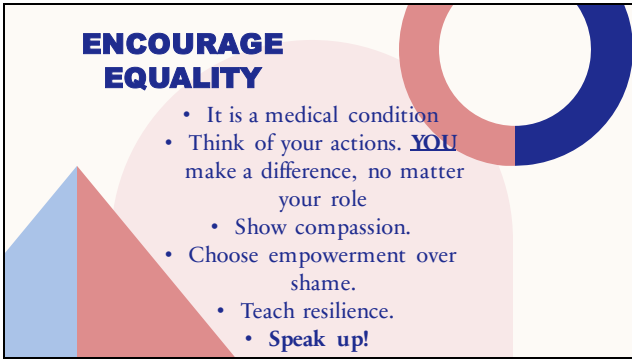
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### ENCOURAGE EQUALITY

- It is a medical condition
- Think of your actions. **YOU** make a difference, no matter your role
  - Show compassion.
- Choose empowerment over shame.
  - Teach resilience.
  - **Speak up!**

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### SELF-CARE

- Get adequate sleep, eat a healthy diet, get regular physical activity and use mindfulness skills.
- Form positive work relationships.
- Get to know your SUD resources within your agency.
- Stay in regular contact with friends, family, and loved ones.
- **Self-care means better client care.**

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**MEET KATE**

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