

# Stigma, Discrimination and Addiction

Social Workers on the Front Line of the Opioid Epidemic  
Learning Collaborative

# Today's Presenters



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# Today's Agenda

- Stigma: Taming the Beast
- What's Trauma Got to Do with It?
- An Unlevel Playing Field
- Perspectives on Addiction
- What We Say Determines How We Think
- Correcting Misguided Attitudes towards Medication-assisted Treatment (MAT)



# Stigma: Taming the Beast



# Stigma

*We cannot solve our problems  
with the same thinking we used  
when we created them.*

*The definition of insanity is doing the same  
thing over and over again and expecting  
different results.*

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# Commonly Held Assumptions

Well, I didn't put a  
needle in your arm.

Once an addict,  
always an addict.

Q: How can you tell  
if an addict is lying?  
A: If their lips are  
moving.

Really? You don't  
*look* like a drug  
addict.

What a bad mother!  
How could she do  
that to her kids?

He was a disgrace  
to his entire family.

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# Stigma



A mark of disgrace or infamy, a stain, or a reproach, associated with a particular circumstance, quality, person or group of people.

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# Dimensions of Stigma

Type of:	Resulting in:
Public	Stereotypes about perceived dangerousness, poor character, moral failing which translate into negative attitudes
Anticipated	Shamefulness, hiding, secretiveness, failure to seek help
Internalized	Owning the label, low self-worth, acting out the stereotype, loss of hope
Enacted	Discrimination, social distancing, blaming, castigating
Affiliational	Blame, shame, and guilt by association ascribed to friends and families
Structural	Codified and reinforced through policies, institutions, media, cultural and social norms



# Stigma and Discrimination Cause Harm

## As a result, individuals experience:

- Not seeking care
- Delaying care
- Not following up with care
- Stopping treatment early
- Isolating and using alone
- Losing support networks
- Being denied housing, employment, and education
- Losing licenses
- Developing legal issues
- Losing self-efficacy



# What's Trauma Got to Do with It?



# Trauma Includes Three Main Elements



“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

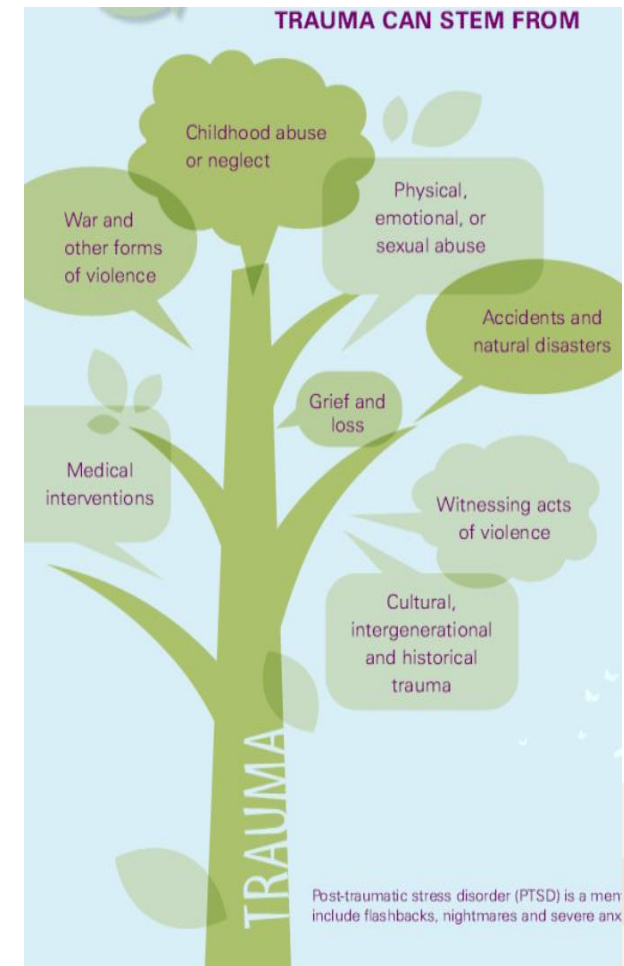
(SAMHSA, 2012)

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# Types of Trauma

- Child maltreatment and complex trauma
- Serious accident or illness
- Victim/witness to domestic, community, and school violence
- Natural disaster, war, terrorism, political violence
- Traumatic grief/separation, significant loss
- Historical and generational trauma



# ACEs = Adverse Childhood Experiences



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Prevalence of ACEs by Category for CDC-Kaiser ACE Study (1998)			
ACE CATEGORY	Women %	Men %	Total
<b>A. ABUSE</b>			
1. Emotional Abuse	13.1%	7.6%	10.6%
2. Physical Abuse	27%	29.9%	28.3%
3. Sexual Abuse	24.7%	16%	20.7%
<b>B. HOUSEHOLD CHALLENGES</b>			
4. Mother treated violently	13.7%	11.5%	12.7%
5. Household Substance Abuse (sic)	29.5%	23.8%	26.9%
6. Household Mental Illness	23.3%	14.8%	19.4%
7. Parental Separation or Divorce	24.5%	21.8%	23.3%
8. Incarcerated Household Member	5.2%	4.1%	4.7%
<b>C. NEGLECT</b>			
9. Emotional Neglect	16.7%	12.4%	14.8%
10. Physical Neglect	9.2%	10.7%	9.9%

# Effects of Childhood Trauma



## Behavioral

## Physical

## Psychological

## Emotional/Social

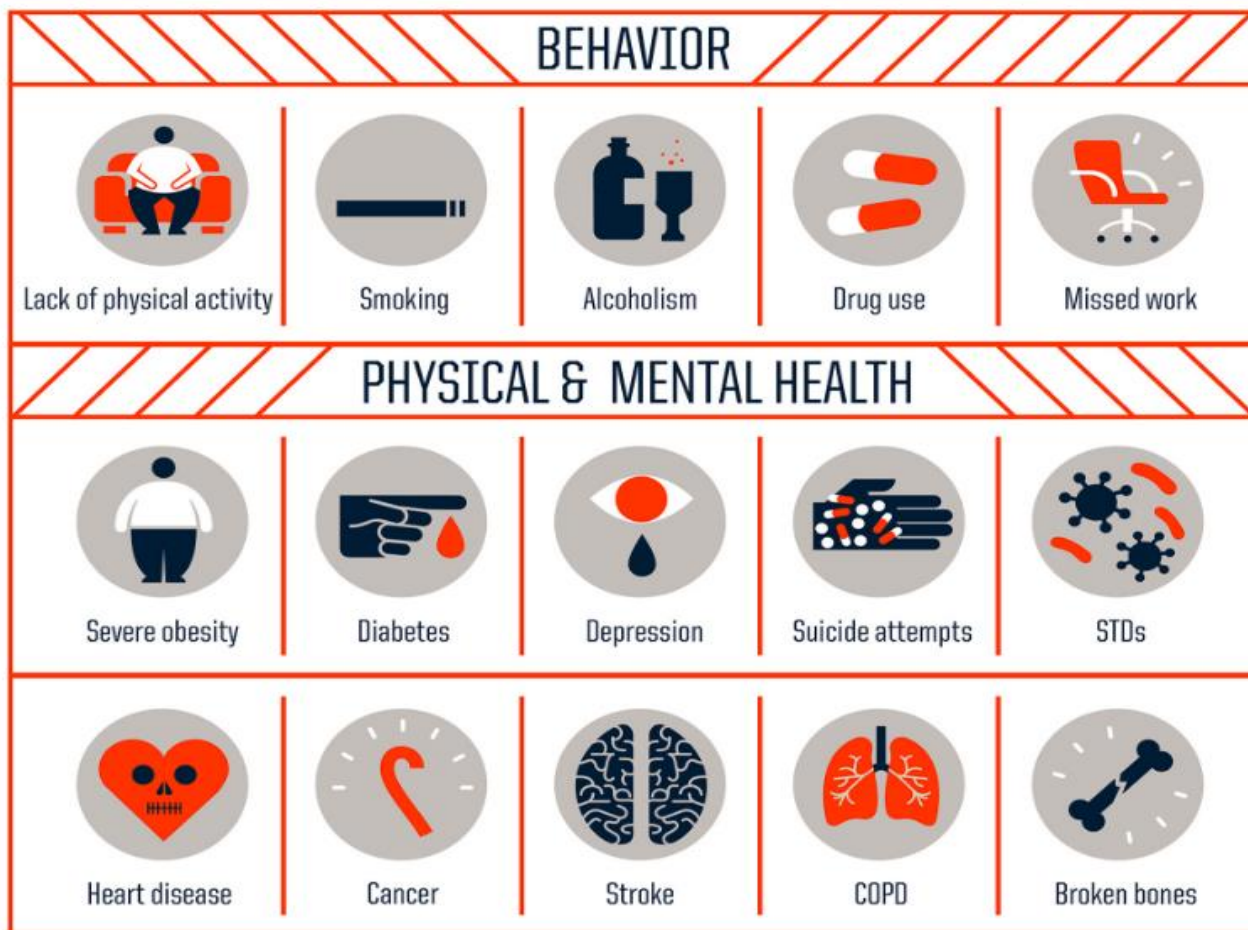
Defiance  
Need to control  
Aggression  
Avoidance  
Smoking  
Alcohol use  
Drug use  
Criminal offenses

Improper brain development  
Sleep problems  
Headaches  
Stomachaches  
Sensory sensitivity  
Heart, lung and liver diseases  
Obesity  
Cancer  
High blood pressure  
High cholesterol

Depression  
Disrupted Mood  
Anxiety  
PTSD  
Dissociation

Hyper arousal  
Guilt  
Shame  
Mistrust  
Anger  
Fear  
Frustration  
Persistent irritability  
Difficulty forming relationships  
Low self-esteem

# Trauma: Affects the Whole Person



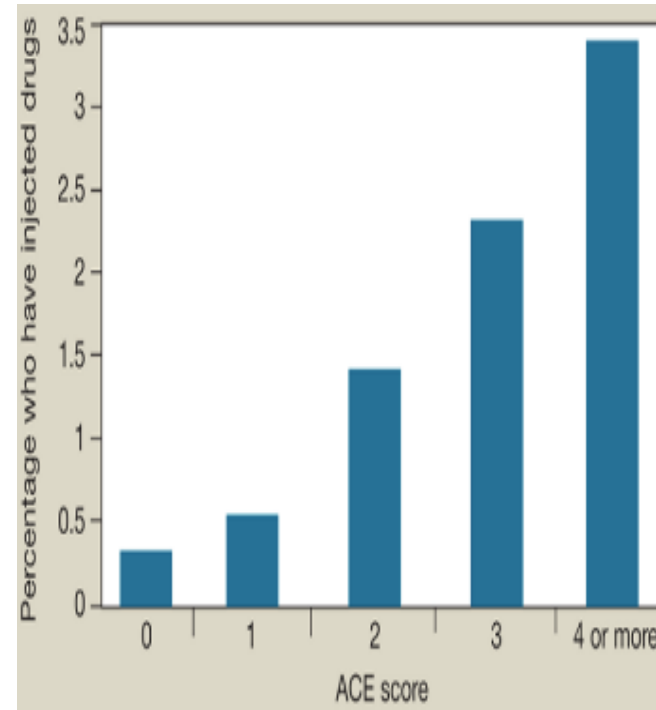
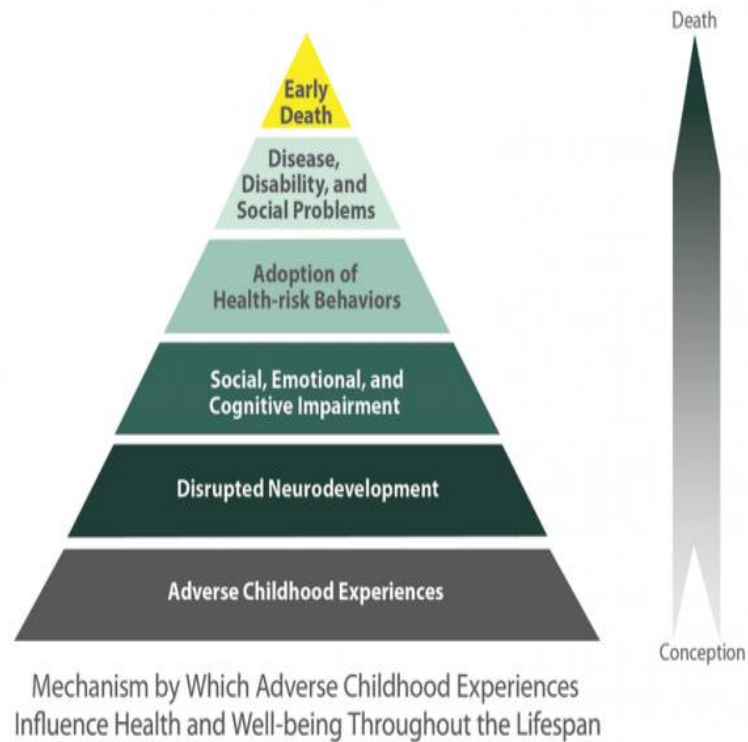
≥ 4 ACEs associated with approximately:

- 600% increase in odds of problematic drinking
- 550% increase in odds of illicit drug use

Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation



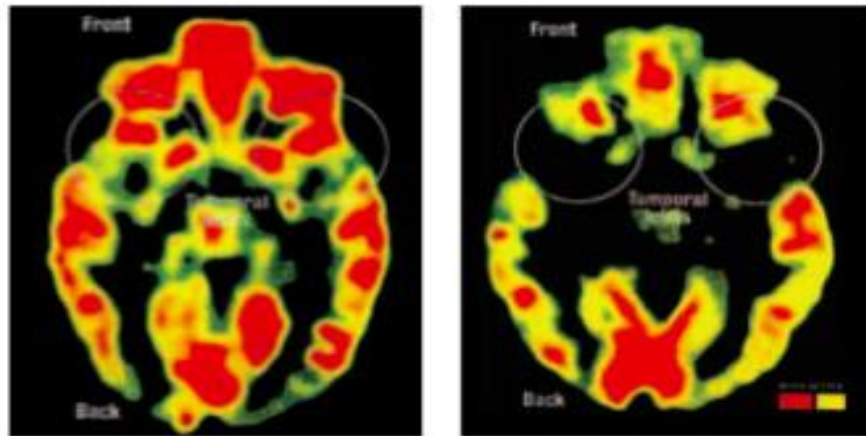
# Trauma: Alters Life Course and Is Cumulative



>5 ACEs associated with death 20 years earlier than those with no ACEs!

# The Trauma- and Addiction-affected Brain

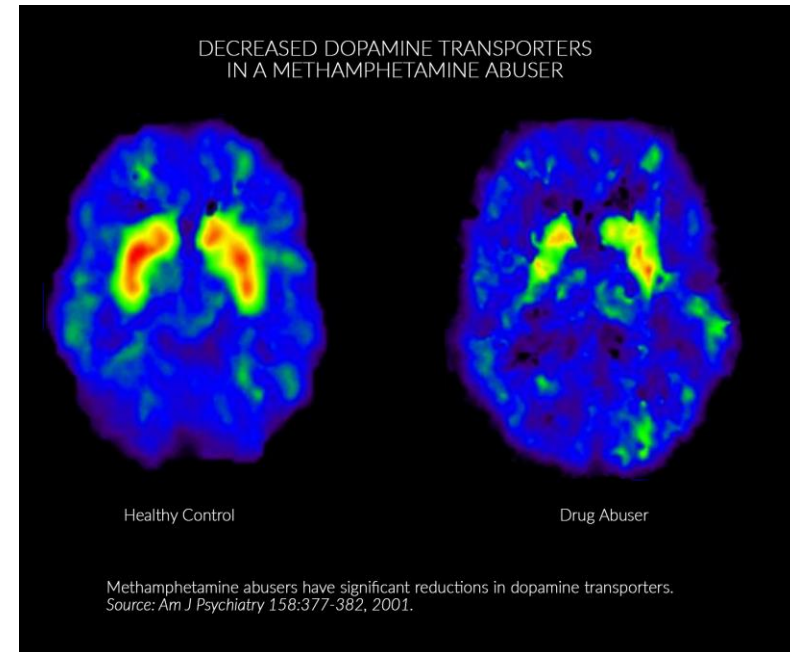
## Comparison of the Developing Brain



Healthy Development

Development Affected by Environmental Stress

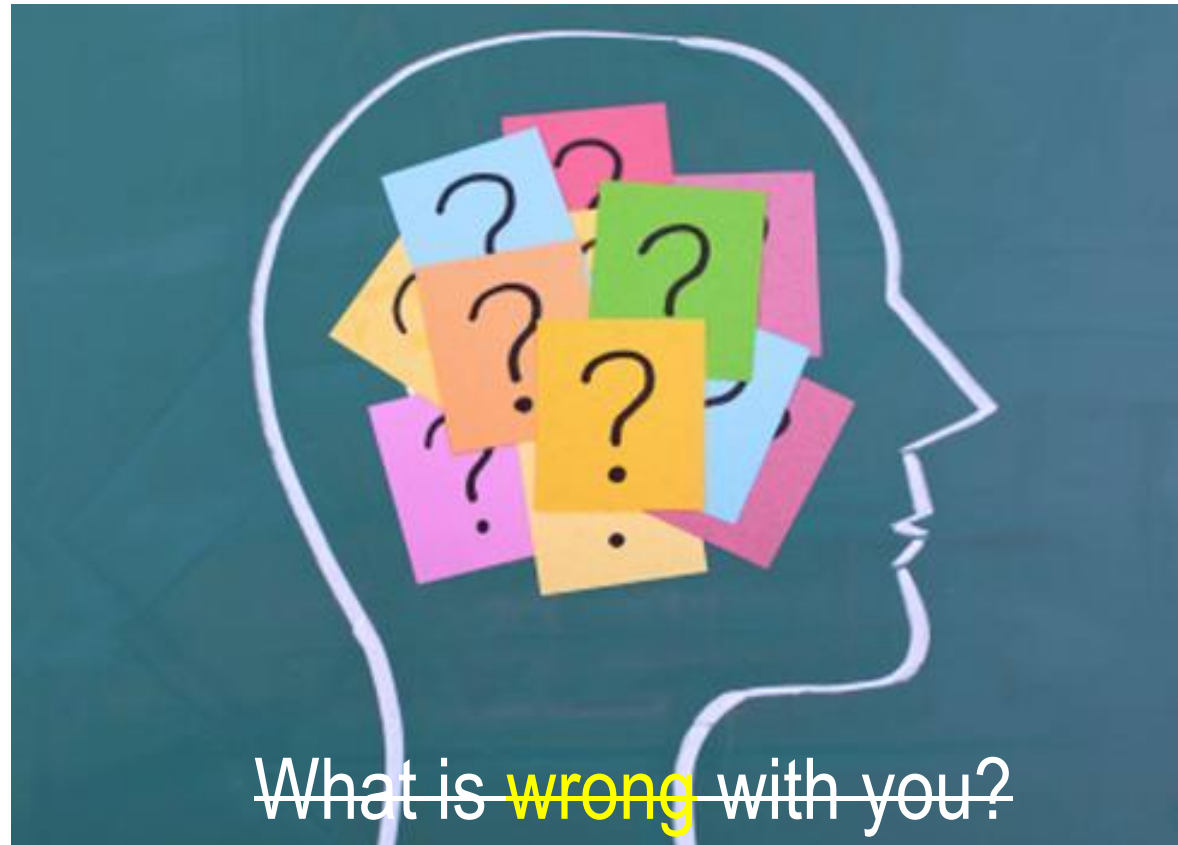
Source: Dr. H. T. Chugani, Newsweek, Spring/Summer 1997 Special Edition: "Your Child: From Birth to Three," pp 30-31.



Methamphetamine abusers have significant reductions in dopamine transporters.  
Source: *Am J Psychiatry* 158:377-382, 2001.



# Changing the Narrative



What happened to you?

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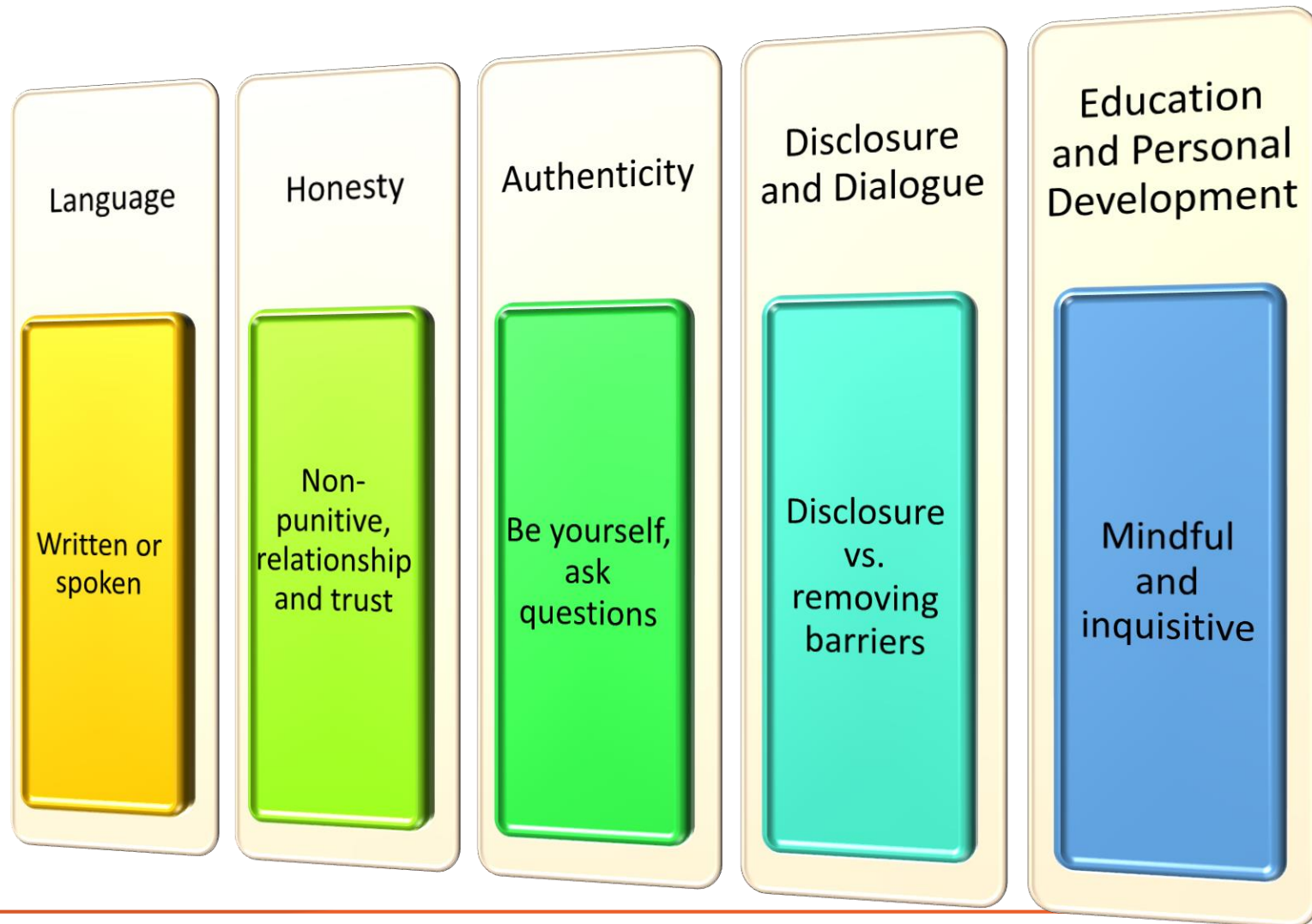
# Trauma and Stigma Results in People Being:



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# Be a Champion with Your Actions

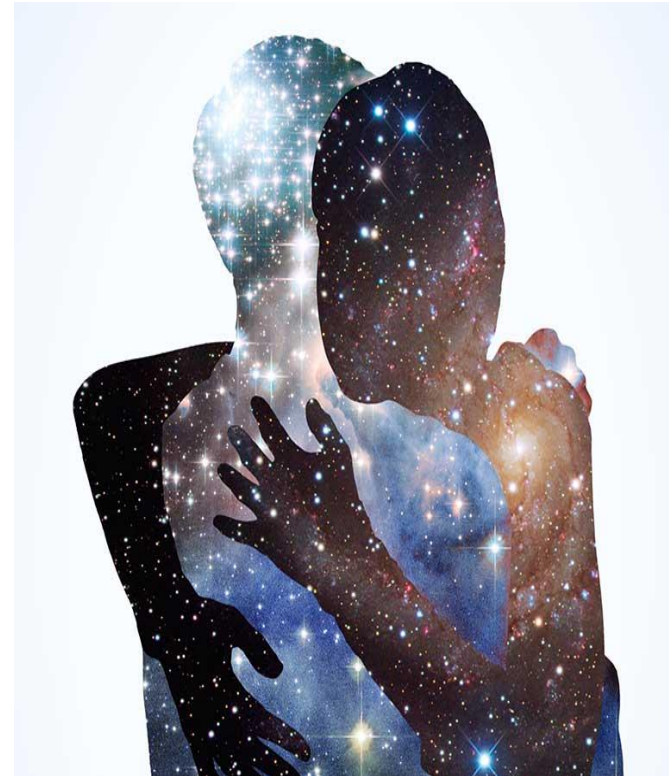


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# Becoming Trauma-Informed

- Be aware of associations and potential activations
- Realize the realities of everyday unconscious:
  - Acting out
  - Difficulty with trust
  - Fighting for survival
  - Hypervigilance
- Understand isolation and the need to “do it alone”
- Be patient with trust-building



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# SHAME

Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we've experienced, done, or failed to do makes us unworthy of connection. *Brene Brown*

# An Unlevel Playing Field





# Social Determinants of Health

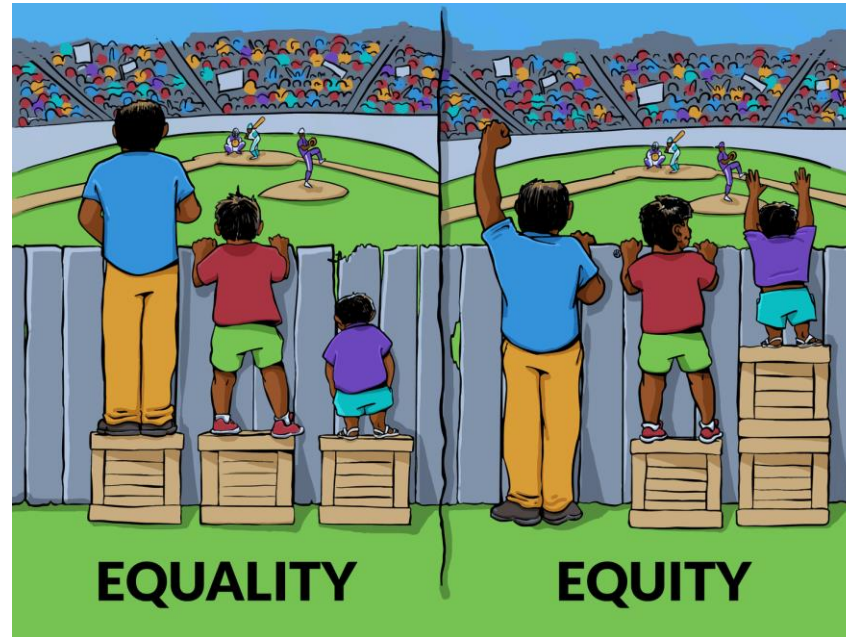


- Conditions of birth (prenatal care/resources/healthcare education & support/positive parenting)
- Nutrition (access to healthy food, costs)
- Safe and habitable housing
- Environmental exposures
- Biological/genetic influences
- Psychosocial behaviors (tobacco, alcohol, illicit drugs)
- Stress/hopelessness/deprivation
- Education (duration & quality)
- Financial security
- Occupational opportunities & conditions
- Politics (influence, voice, advocacy)

Brunner, Marmot, 2008



# Equality vs. Equity



The unjust distribution of health conditions.

)

# Substance Use, Stigma, and Race

- Racialization of drug use
- Policies targeting communities of color
- Specifically, involvement with the criminal justice system
- History of medication in communities of color: methadone
- America's racialized response to the opioid epidemic



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# Substance Use, Stigma, and Race

“You want to know what this was really all about,” Ehrlichman said, referring to Nixon’s declaration of War on Drugs.

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.”



John Ehrlichman, Domestic Policy Advisor, Nixon Administration

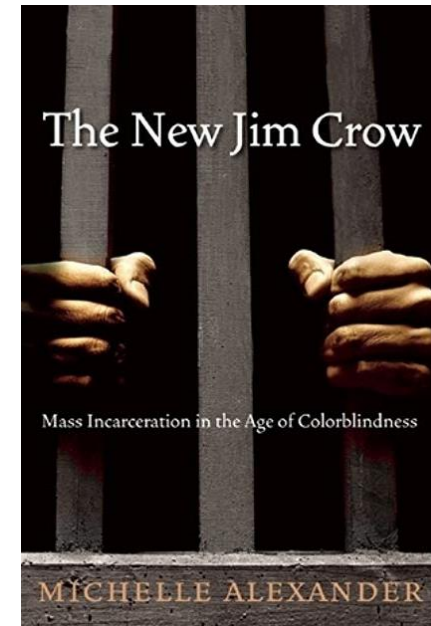
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# Substance Use, Stigma, and Race

*In a sense, mass incarceration has emerged as a far more extreme form of physical and residential segregation than Jim Crow segregation. Rather than merely shunting people of color to the other side of town, people are locked in literal cages - en masse.*

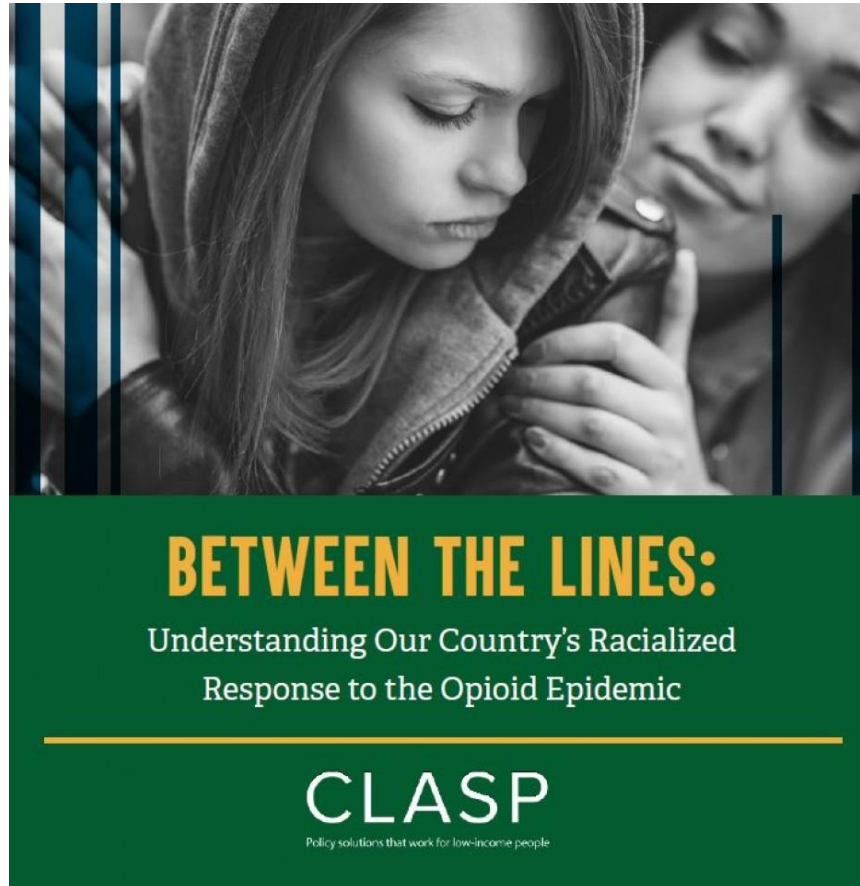
*I have spent years representing victims of racial profiling and police brutality and investigating patterns of drug law enforcement in poor communities of color - and attempting to help people who have been released from prison attempting to 're-enter' into a society that never seemed to have much use to them in the first place.*



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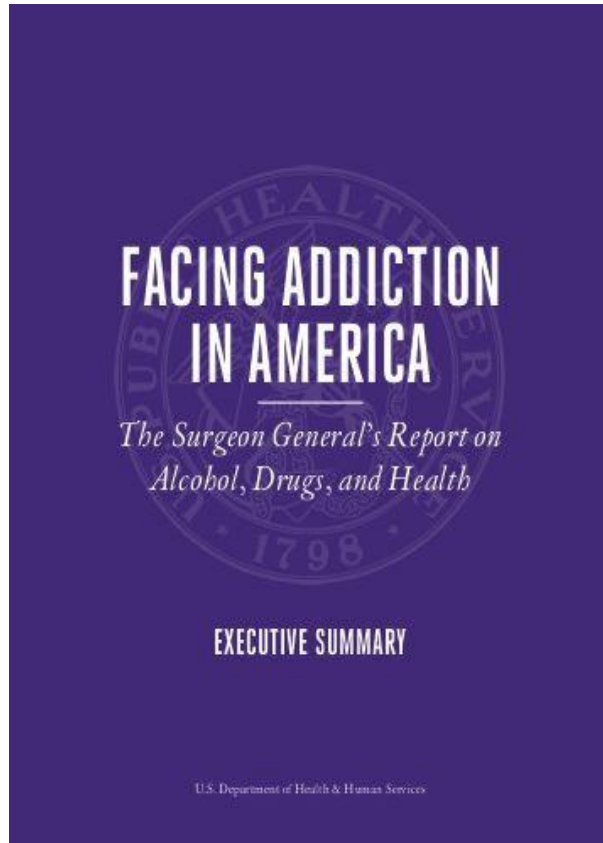
# Substance Use, Stigma, and Race



<https://www.clasp.org/sites/default/files/publications/2020/02/2020betweenthelines.pdf>

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# Changing the Addiction Paradigm



- Moving from addiction as a moral failing to a brain disorder
- Fully establishing addiction as a *chronic* – rather than *acute* – condition
- Moving to public health strategies
- Dropping old, stigmatizing language and developing new terminology
- Developing science that informs policy and practice

2016



# Another Perspective



... people discover that opioids are an excellent short-term balm for existential maladies like self-loathing, emptiness, erosion of purpose, and isolation. Years of heavy use condition people to desire drugs at the first stab of distress. After so much time spent damaging themselves, their families, and their futures, a new layer of anguish has formed over the original bedrock of misery, urging onward the cycle of misery-and-relief. Surely, people don't choose to be addicts, but that is not what they are choosing: what they want is relief.

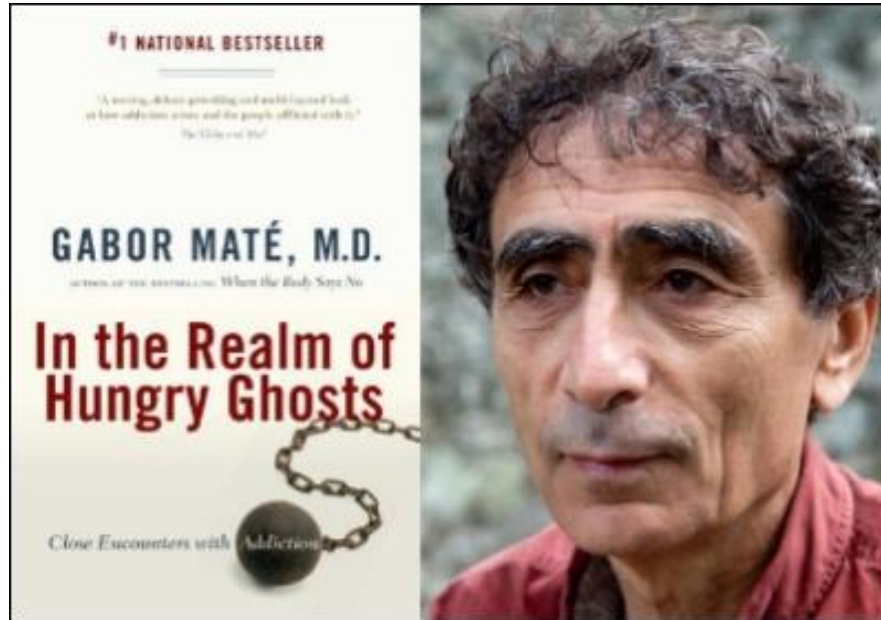
Dr. Sally Satel 2017

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# Addiction and the Trauma-affected Brain



Any behavior that is associated with 1) craving and temporary relief and 2) long-term negative consequences...

...and that a person is not able to give up.

People use substances to “self-medicate to sooth their emotional pain – but more than that, their brain development was sabotaged by their traumatic experiences.”

Mate, Gabor, MD. (2010). In the Realm of the Hungry Ghosts.



# An ACEs Perspective

The current concept of addiction is ill founded. Our study of the relationship of adverse childhood experiences to adult health status in over 17,000 persons shows addiction to be a readily understandable although largely unconscious attempt to gain relief from well-concealed prior life traumas by using psychoactive materials.



Felitti 2003

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# What We Say Determines How We Think

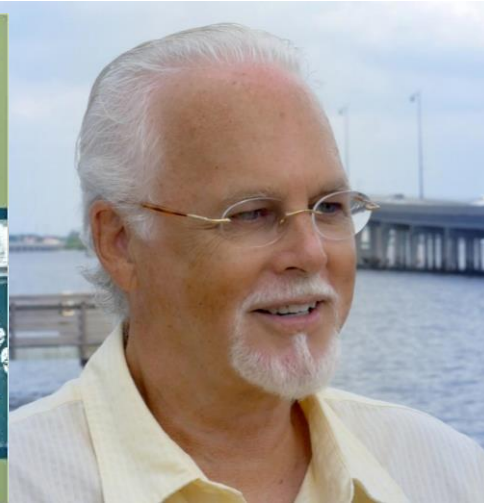
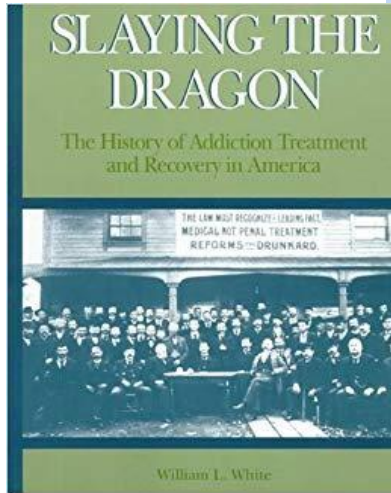


# The Power of Language

Sticks and stones may break my bones,  
But words will never hurt me.

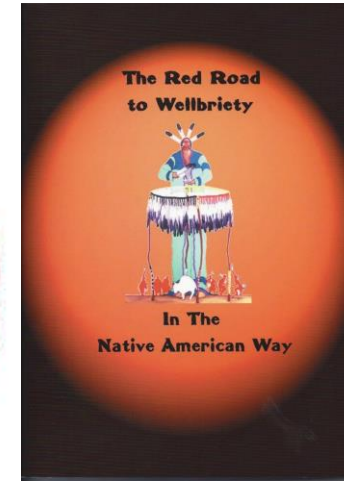


# The Power of Language



For more than two centuries, addicted and recovering people in America have been the object of language created by others.

William White



Words are important.

If you want to care for something, you call it a flower.

If you want to kill something, you call it a weed.

Don Coyhis



# The Power of Language



Reforming the language we use to describe things related to addiction is not merely an exercise in semantics or political correctness. Words can be an effective tool in helping to destroy the stigma encountered by people with addictions.

In a field that is locked in moral combat with stigma, describing people with addictions as “abusers” of alcohol, tobacco, or other drugs helps ensure that the onus of addiction remains solely upon the shoulders of the individual...

Bob Curley

*“Wrong” Words Used to Define, Defame Addiction and Recovery*  
(Join Together Online, 2001)

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# The Power of Language

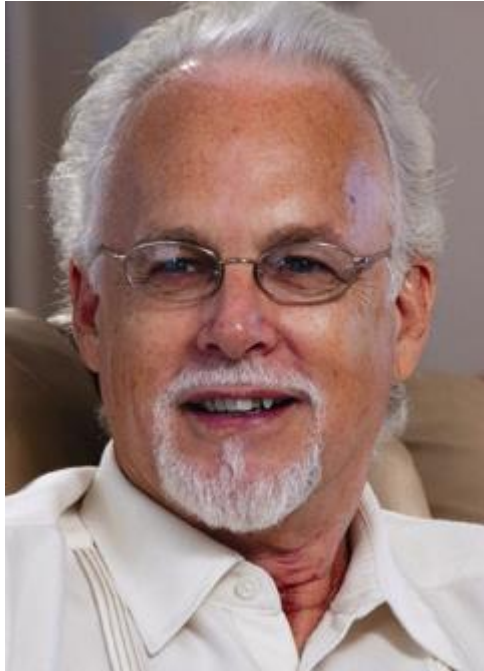
To refer to people who are addicted as *abusers* misstates the nature of their condition and calls for their social rejection, sequestration, and punishment. There is no other medical condition to which the term *abuse* is applied.



Referring to people by their shared medical diagnosis assumes any important differences have been lost to the homogenizing influence of their disorder. “Disease first” language, as opposed to “people first” language, obliterates individual differences and depersonalizes those to whom the label is applied.



# The Power of Language



...stigmatized peoples reject labels applied to them by others and replace this language with words of their own choice or creation.

It is about changing the language that affects social policies and is, in turn, affected by those policies.

The [Recovery] Movement can try to rehabilitate the existing language by reframing it or squeezing as much poison out of it as possible, or the New Recovery Advocacy Movement can coin and promulgate a new pro-recovery vocabulary.

William White (2001)

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# Replacing Stigmatizing Language

Positive, Person-First Language	Stigmatizing Language
<ul style="list-style-type: none"> <li>● Person with a substance use disorder (SUD)</li> <li>● Person who uses drugs (PWUD)</li> <li>● Substance use / substance misuse</li> <li>● Person in recovery</li> </ul>	<ul style="list-style-type: none"> <li>● Substance Abuse / Substance Abuser</li> <li>● Addict, Alcoholic, Junkie</li> <li>● Recovering “addict, alcoholic, substance abuser, junkie, etc.”</li> </ul>
<ul style="list-style-type: none"> <li>● Person with justice-involvement; person that is justice-involved</li> </ul>	<ul style="list-style-type: none"> <li>● Criminal, Felon, Convict</li> </ul>
<ul style="list-style-type: none"> <li>● Person experiencing homelessness</li> </ul>	<ul style="list-style-type: none"> <li>● Homeless</li> </ul>
<ul style="list-style-type: none"> <li>● Positive / Negative</li> </ul>	<ul style="list-style-type: none"> <li>● Clean / Dirty</li> </ul>
<ul style="list-style-type: none"> <li>● SUD / OUD pharmacotherapy</li> <li>● Medications for addiction treatment</li> </ul>	<ul style="list-style-type: none"> <li>● Medication Assisted Treatment</li> </ul>
<ul style="list-style-type: none"> <li>● Neonatal abstinence syndrome / Neonatal opioid withdrawal syndrome</li> </ul>	<ul style="list-style-type: none"> <li>● Addicted baby</li> </ul>
<ul style="list-style-type: none"> <li>● Recurrence of use / recurrence of symptoms</li> </ul>	<ul style="list-style-type: none"> <li>● Relapse</li> </ul>

Substance Use Disorders Institute “Words Matter Pledge”

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# Other Terminology: Raising Questions

- Denial
- Resistant
- Non-compliant
- Avoidance
- Relapse
- Triggers
- Dually-diagnosed
- Felon
- Ex-offender
- Consumer
- Medication-assisted Treatment



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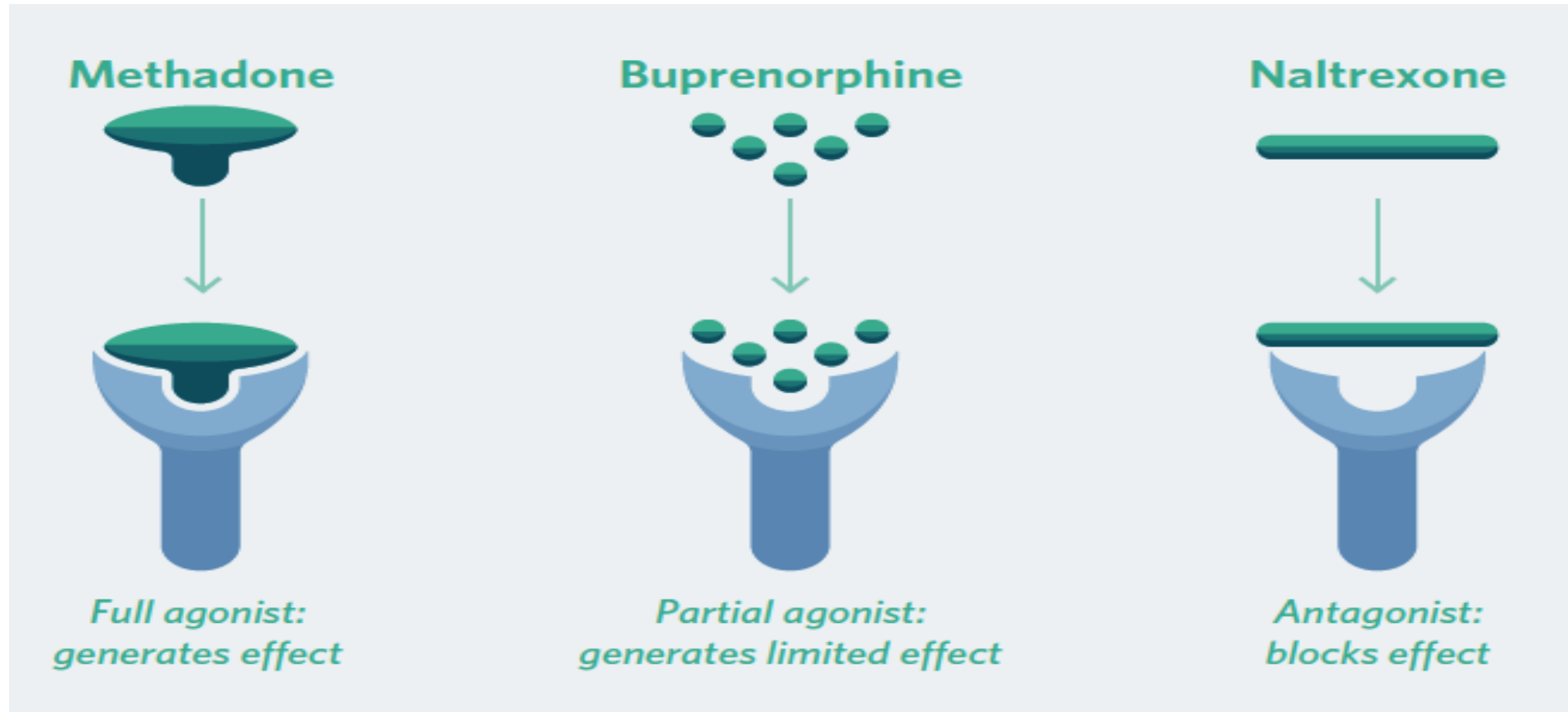


Language Alert:  
Medication for Opioid Use Disorder  
(MOUD)

## Correcting Misguided Attitudes towards Medication-assisted Treatment (MAT)



# Three FDA-approved Medications for OUD



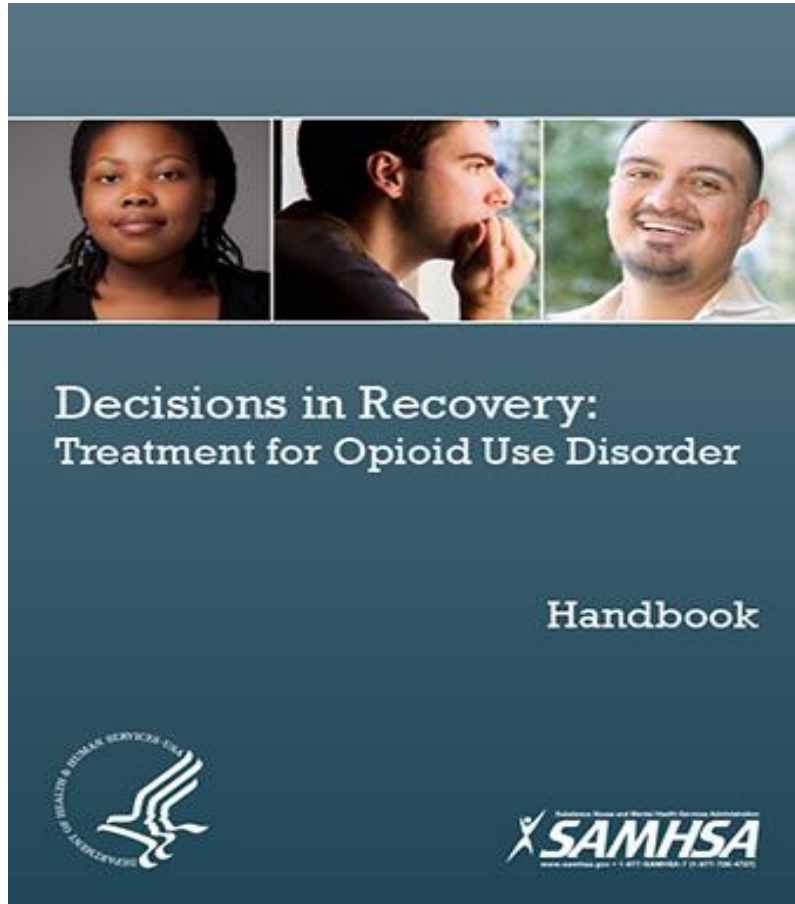
<http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder>

# Medication-assisted Treatment: A 3-Legged Stool



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# Shared Decisions between Patient and Professional



- Is medication right for me?
- Which medication is best for me?
- What is an appropriate dosage for me?
- What is a suitable duration of the medication plan?
- What psychosocial services are available?
- What recovery supports may be helpful?

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# MAT/MAR: The Stigma Continues



- Methadone (agonist) and buprenorphine (partial agonist) are regulated as controlled substances
- Methadone and buprenorphine: fear of diversion
- Beliefs widely-held by practitioners, recovery community members, and general public that MAT is:
  - Drug replacement therapy
  - Substitution therapy
  - Use of a crutch
  - “Getting high”
  - Pseudo-recovery
  - Not abstinence-based

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# Acceptance of MAT/MAR: It's getting better!



Changing attitudes and policies in:

- Primary care
- Specialized treatment
- Criminal justice: jails, prisons, probation
- Drug courts
- Child welfare agencies
- Recovery community organizations
- Recovery residences, including Oxford House
- Some 12-step communities

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# MAR = Medication-assisted Recovery

- **Medication assisted treatment (MAT)** refers to using a one of three FDA-approved medications to assist a person in addressing an opioid use disorder.
- **Medication assisted recovery (MAR)** emphasizes a commitment to engaging in recovery supports to achieve long-term abstinence-based recovery while using medication.



# Final Thoughts



# Takeaways: Stigma and Discrimination

- Stigma has been the foundation of many wrongminded approaches to addiction
- Stigma and trauma are closely linked
- Stigma is often transformed into discrimination, both generally and against specific groups of people
- Stigma has created an overriding situation in which people fail to ask for or receive appropriate care
- Stigma surrounding addiction has permeated an additional stigma about medication for opioid use disorders



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# A Renewed Vision

- ~~Recovery Works~~
- ~~Recovery is Possible~~
- **Recovery is an Expectation!**