

# Substance Use Disorders and Stigma

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SHAWNA ADKINS, LCSW; DEBRA MONTOYA; DAVID TIAN, MD;  
JESSICA WANG, MD; AND DENISE WILLIAMS-TAYLOR, RN

# Roadmap

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- Define substance use disorder and stigma
- Explore how language and attitudes affect our perception of people with substance use disorders
- Explore using “person-first” language to reduce stigma
- Recognize substance use disorders as chronic diseases



# Let's Get Technical

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- A **Substance Use Disorder (SUD)** is a problematic pattern of use of a certain drug/class of drug that leads to **clinically significant impairment or distress** that causes:

Cravings to  
Use

Loss of Control

Continued Use  
Despite  
Consequences

- Drug classes include opioids, stimulants (methamphetamines, cocaine), alcohol, marijuana, tobacco, caffeine, etc.

# Let's Get Technical

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- **Opioids** (also called “opiates” and “narcotics”) are a class of drugs that include heroin, fentanyl, morphine, oxycodone, tramadol, and codeine.



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Cravings to  
Use

Loss of  
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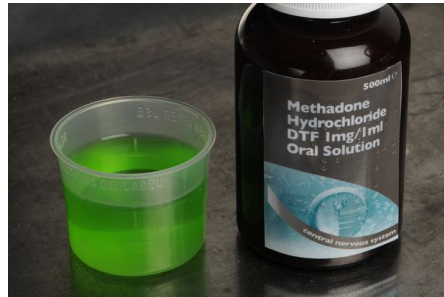
= **OUD**

- **Opioid Use Disorder (OUD)** is a pattern of opioid use that leads to problematic behavior in a person's life

# Let's Get Technical

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- **Medication Assisted Treatment (MAT)** is the use of medications in addition to counseling and behavioral therapies to treat opioid use disorder.
- MAT is the **standard of care** in the treatment of opioid use disorders!



Methadone



Buprenorphine

# What is Stigma?

- Negative stereotypes assigned to a group of people when their attributes are considered different from or inferior to societal norms (Goffman 1963)
- Structural
  - Social
  - Individual
  - Self
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# Stigmatization in Local News





# Think Pair Share Exercise

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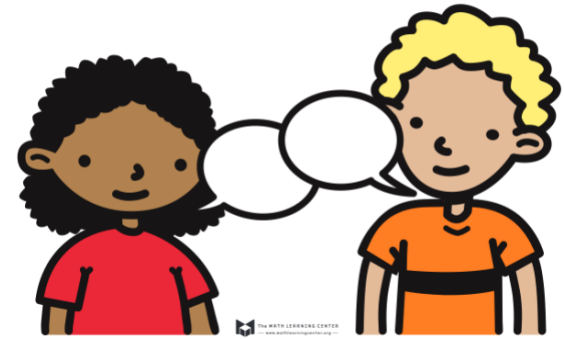
Mr. Jones is a substance abuser who abuses heroin and is attending a treatment program in court. As part of the program, Mr. Jones is required to stay clean from alcohol and other drugs. However, last month he tested dirty in his urine for opioids. He reports that he was under family stress and relapsed, but he wants to stop abusing drugs. He has been a substance abuser for the past 5 years. He now awaits his appointment with the judge to determine his status.



# Think Pair Share Exercise

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- As a pair, answer these questions:
  - What is your mental image of Mr. Jones?
  - Did he do something wrong?
  - What should the judge do?



# Think Pair Share Exercise

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Mr. Jones has an opioid use disorder with heroin use and is attending a treatment program in court. As part of the program, Mr. Jones is required to remain abstinent from alcohol and other drugs. However, last month he tested positive on his urine toxicology for opioids. He reports that he was under family stress and resumed heroin use, but he wants to stop misusing drugs. He has had a substance use disorder for the past 5 years. He now awaits his appointment with the judge to determine his status.

# Think Pair Share Exercise

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- As a pair, answer these questions:
  - How does your mental image of Mr. Jones change?
  - What are the differences between the two paragraphs?



# Group Share

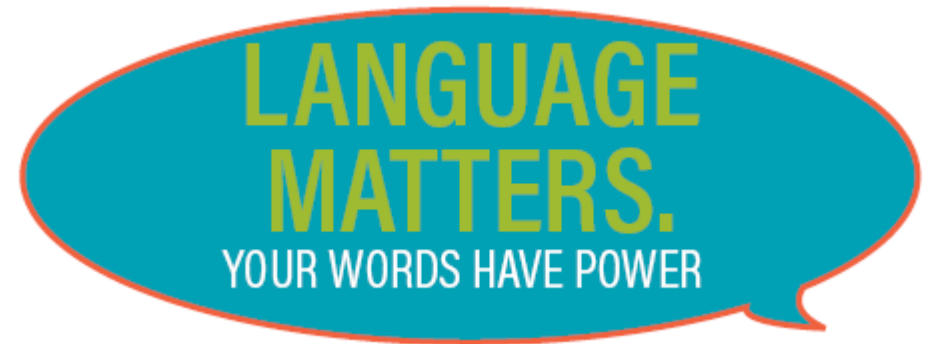
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# Language Matters

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- Use “person-first language”
  - Put the person before a diagnosis
  - Describe what a person “has” rather than what a person “is”
- Our medical conditions do not define us



# Language Matters

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## INSTEAD OF...

- Addict, junkie, alcoholic, drug abuser, dope fiend, crack head
- Drug abuse
- Clean/Dirty
- Former addict
- Relapse



## USE...

- Person with a SUD
- Addiction, SUD, misuse
- Abstinent/actively using. Neg/Pos (utox)
- Person in recovery
- Resumption, recurrence

# Stigma is Harmful

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- People who experience stigma are:

less likely to seek or be offered treatment



# SUDs are Treatable Chronic Diseases

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A Winding Path  
(Chronic, Relapsing Condition)



No Wrong Door!

# Opioid Use Disorder Treatment WORKS

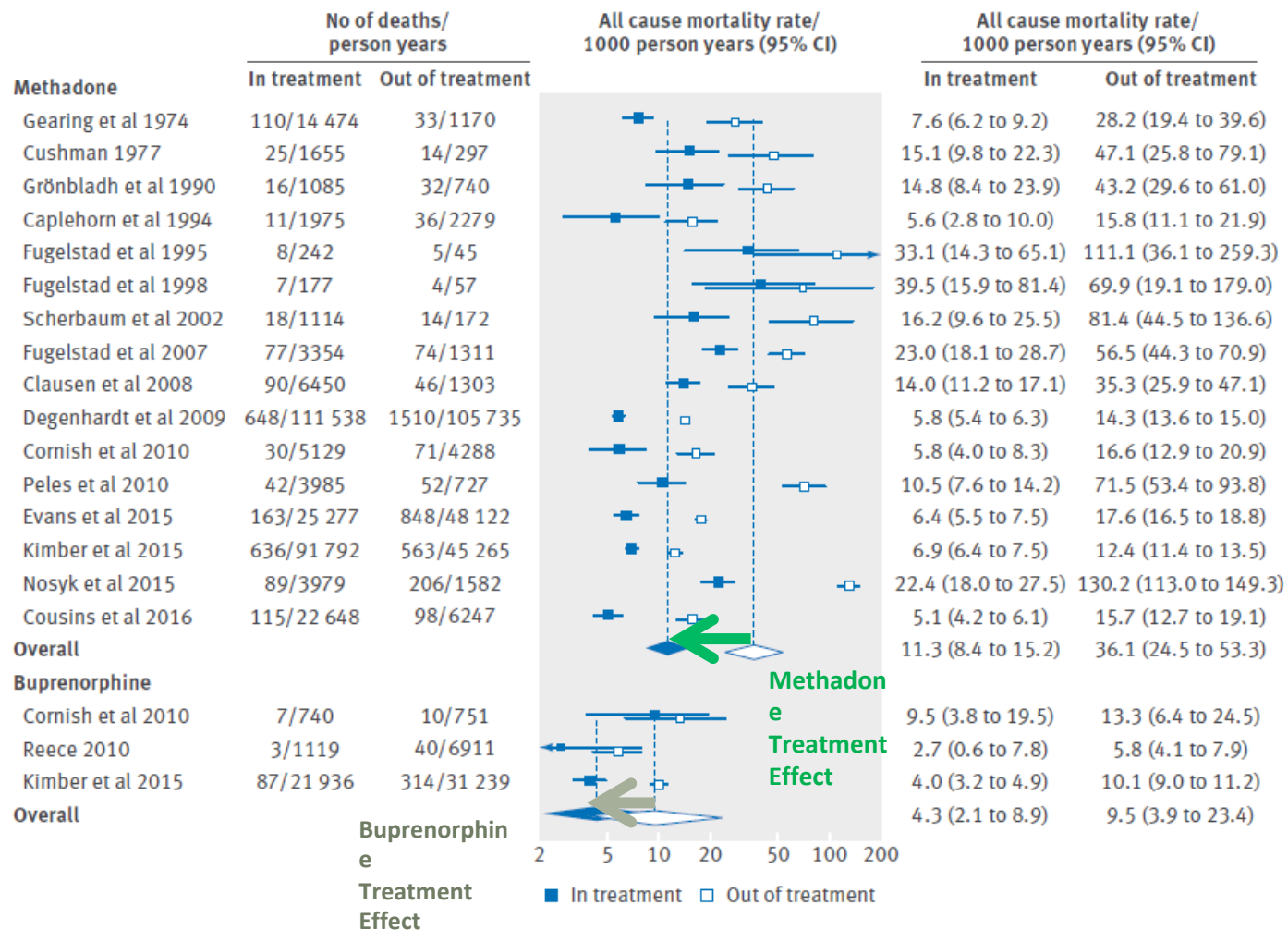
**Table 2**

**Opioid-Abstinence Rates with Medication Compared to Nonmedication<sup>a</sup>**

Medication <sup>b</sup>	Percentage opioid free on medication	Percentage opioid free on placebo/detoxification	Study
Naltrexone ER	36	23	Krupitsky et al. (2011) <sup>23</sup>
Buprenorphine/naloxone	20–50	6	Fudala et al. (2003) <sup>24</sup> Weiss et al. (2011) <sup>25,c</sup>
Buprenorphine/naloxone	60	20	Woody et al. (2008) <sup>26,d</sup>
Methadone	60	30	Mattick et al. (2009) <sup>27</sup>

- When asked to stop “cold turkey,” as few as **one in ten** patients are able to succeed.
- When medications are used, **more than half** of people are able to stop opioid use.

# Opioid Use Disorder Treatment WORKS

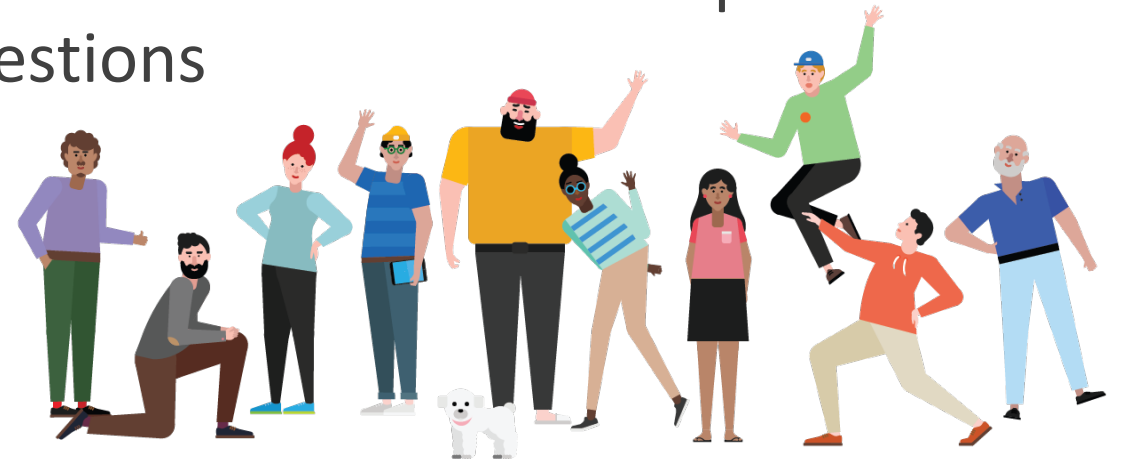


People are 50% less likely to die when they take medications for opioid use disorder.

# What Can **We** Do?

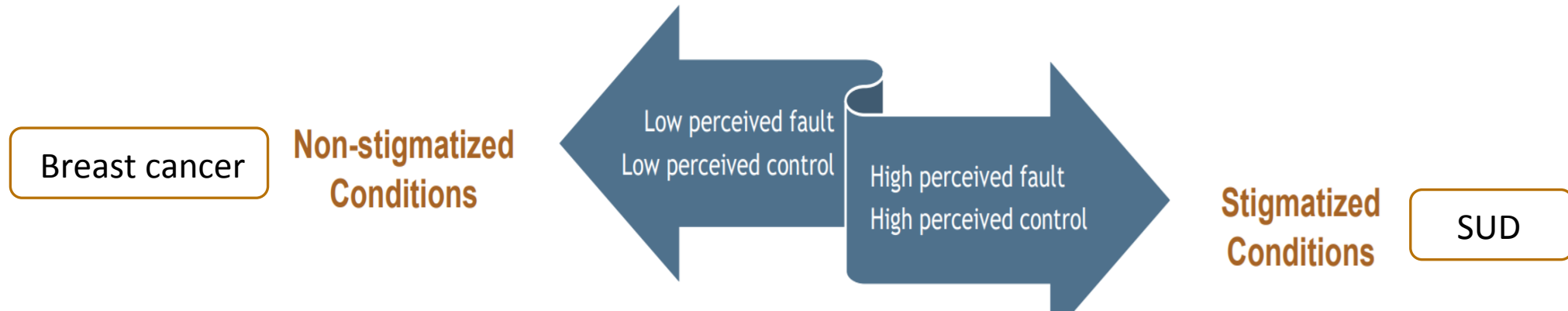
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- Practice “person-first” language
- Encourage positive attitudes and language in clinic
- Encourage patients to ask questions and seek treatment
- Share that substance use disorders are treatable
- Alert providers and behavioral health team members when patients screen positive on substance use questions (AUDIT/DAST)



# Why Does Stigma Matter?

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- Substance Use Disorder (SUD) is among the most stigmatized conditions in the U.S. and around the world
- Healthcare providers treat patients with substance use disorders differently due to stigma
- People with a substance use disorder who expect or experience stigma have poorer healthcare outcomes

(SAMHSA, 2018)

# Language Changes Treatment

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- A **randomized clinical trial** of doctoral-level clinicians looked at the impact that language had on judging a person with SUD.

“Compared to those in the ‘substance use disorder’ condition, those in the ‘substance abuser’ condition agreed more with the notion that the character was **personally culpable** and that **punitive measures** should be taken.”

(Kelly 2010)