

# Stigma and Addiction

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# Disclosures

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- Volkow ND. Stigma and the toll of addiction. N Engl J Med. 2020 Apr 2;382(14):1289-1290. PMID: 32242351
- McGinty EE, Barry CL. Stigma reduction to combat the addiction crisis – developing an evidence base. N Engl J Med. 2020 Apr 2;382(14):1291-1292. PMID: 32242352

# Definition of Stigma

- A process wherein people with a particular social identity are labeled, stereotyped, and devalued, unfolding within the context of unequal and often preexisting power relations, leading to discriminatory behavior against people with the stigmatized identity

# Toll of Addiction and Stigma

- Addiction a key factor in lower US life expectancy
- Few with SUD get any kind of treatment
- One major barrier to care is stigma:
  - Keeps people away from help
  - Impacts treatment programs and care delivery
  - Also impacts addiction on the individual level
- Stigma and mental health:
  - Some progress, e.g. Depression
  - Less progress with addiction

# Why is Addiction Stigmatized?

- People with addiction sometimes lie or steal, or can be aggressive when intoxicated or in withdrawal
  - Hard to show compassion
- Assumption that willpower is sufficient, that addiction is a choice
- Resistance to disease model of addiction
  - Brain changes identified, strong genetic component
  - Often no longer fun, but diminishes distress, craving
- These views are widespread in society, health care

# Effect of Stigma on Individuals

- Resistance to seeking care even when clearly needed
- Resistance to even disclosing the problem
- Stigma can become internalized, promoting isolation and encouraging more drug taking, making it worse
  - “Rat Park” experiments show impact of social isolation
  - Neurological overlap of drug rewards and social rewards
  - Stigma removes social rewards, promotes rejection (pain)

# A Path Forward

- Stigma may not be conscious bias
- If we want more people in treatment, the healthcare system has to reduce the social penalty for help seeking by educating health care providers:
  - Addiction is chronic and relapsing medical condition
  - Addiction is treatable
  - Addiction has multiple causes



# Widespread Effects of Public Stigma

- Individual level:
  - Hiding use, isolation, high risk solitary use
  - Prevent seeking treatment or harm reduction services
- Health system level:
  - Underinvestment in treatment, poor care
  - Discriminatory policies (e.g. insurance parity)
- Societal level:
  - Discrimination in insurance, employment, housing
  - NIMBY, punitive vs public health solutions

# Evidence on Reducing Public Stigma

- Unlike evidence-based practices, tools used to reduce stigma are mostly based on intuition
  - Communication and education campaigns
- Example: national “Disease Like Any Other” campaign
  - Framed mental illness as like other chronic diseases
  - Did not reduce, and by some measures increased stigma
  - Perhaps heightened perception of permanence
- Evidence for combating public stigma of addiction is underdeveloped

# Principles to Guide Stigma-Reduction Campaigns

- From randomized message testing experiments:
- “Person-first” language essential for stigma reduction
  - “Abuse” vs “Use Disorder” leads to more punitive attitudes<sup>1</sup>
  - DSM-5 eliminated “substance abuse” as a diagnosis
- Emphasizing solutions reduces stigma
  - Portrayals of successful treatment reduced stigma<sup>2</sup>
  - Support for “Overdose Prevention Site” much greater than for “Safe Consumption Site”<sup>3</sup>

<sup>1</sup>Kelly JF et al. *Int J Drug Policy* 2010;21:202-7

<sup>2</sup>McGinty EE et al. *So Sci Med* 2015;126:73-85

<sup>3</sup>Barry CL et al. *AJPH* 2018 Sep;108(9):1157-9

# Principles to Guide Stigma-Reduction Campaigns

- Sympathetic narratives can reduce stigma<sup>1</sup>
  - Reduced blaming of pregnant woman with OUD
  - However, this effect seen for high SES, not low SES
  - Intersectional nature of addiction stigma: race, class, etc.
- Emphasize societal rather than individual causes of addiction
  - Cognitive bias assumes individual's actions depend on intrinsic personal characteristics > societal factors
  - Choices vs poverty, trauma, structural barriers
  - Research needed in this area
  - Adverse Childhood Experiences (ACE) Study

<sup>1</sup>Kennedy-Hedricks A. J Health Polit Policy Law 2016;41:

# Context Matters

- Anti-stigma campaigns can be evaluated rigorously
- Messages can be pre-tested
- Need to determine which messages work for which groups
  - public, medical care providers, criminal justice workers, Child Protective Services
- In health care, context matters:
  - Treatment availability may be key to changing attitudes

# Summary

- Stigma has important impacts on addiction and its treatment
- Reducing stigma is one key to improving care and care access
- Public stigma mitigation can be studied scientifically in a variety of settings

**Questions?**

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