Power of Perceptions: Sticking It To Stigma

Andrew Giannotti, M.D., FASAM
Texas Recovery Advocates, PLLC
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Credit to:
Steven Samra & Jerria Martin

Opioid Response Network
STR-TA

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.opioidresponsenetwork.org
- Email str-ta@aaap.org
- Call 401-270-5900

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Consider the following statement. Either in your head or on paper mark the box that most accurately reflects your response to the statements below.

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Statement	***Strongly Agree***	***Agree***	***Disagree***	***Strongly Disagree***
Although I don't necessarily agree with them, sometimes I have prejudiced feelings (like gut reactions or spontaneous thoughts) toward drug users that I don't feel I can prevent.				
I understand the experience of being stigmatized as a drug user.				
Sometimes I am uncomfortable around people who are very different from me.				
It is not appropriate for me to talk about my drug and alcohol use with clients.				
I trust drug users just as much as I trust non-drug users.				
If a woman is pregnant, she has a responsibility to stop taking drugs.				
Drug users have a difficult time practicing safe sex consistently.				
Drug users have meaningful participation in developing policies and programs at my organization.				
I know how to avoid language that stigmatizes drug users.				
Although it is hard to admit, I sometimes judge people who cannot stop using drugs.				

Stigma and SUDs

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 (structural) 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."

Courtesy Stigma

Sometimes family members & others associated with persons with mental illness or SUDs experience avoidance by others because of stigma. This is referred to as *courtesy stigma*, or stigma by association

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 Cycle in SUDs

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

Stigma Complicates Illness

Internalized Stigma Outcomes

- Depression
- Decreased Hope
- Worsening Symptoms
- Less Likely to Seek Help
- Less Likely to Self-Advocate

The Blame Game

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).

(SAMHSA, 2018)

Stereotypes

People with substance use disorders are considered 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).

More Consequences of Stigma

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

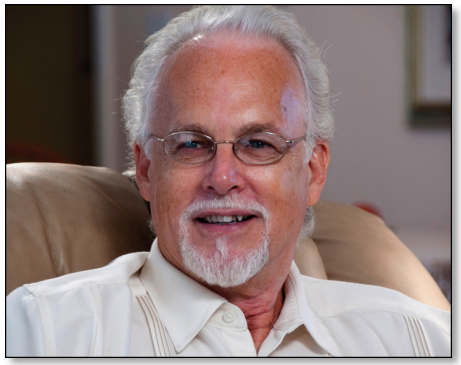
Actions Have Power…

When establishing rules or making program decisions, important to understand you may be unintentionally stigmatizing the very people you serve

Be aware that sometimes what feels like a simple programming decision may actually negatively impact someone or a group so severely that you lose the critical opportunity to establish a trusting relationship with the individual

Words have Power…

"Words have immense power to wound or heal…The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower."



- William White, Author and Recovery Advocate

Non-Stigmatizing Language

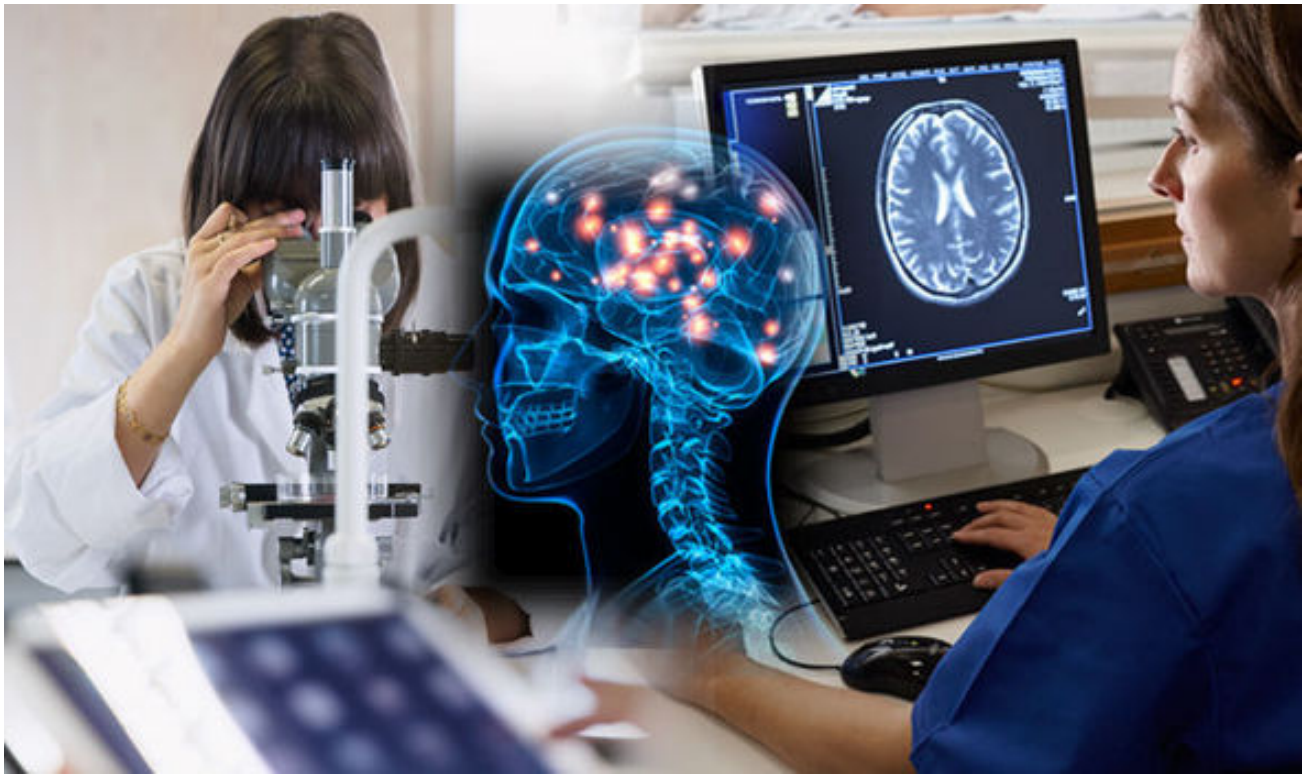
"By using accurate, non-stigmatizing language, we can help break the stigma surrounding this disease so people can more easily access treatment, reach recovery, and live healthier lives."

Michael Botticelli, Former
Director
White House ONDCP

Eliminating Stigma

What if….

What if we treated other diseases the way we treat substance use disorder?

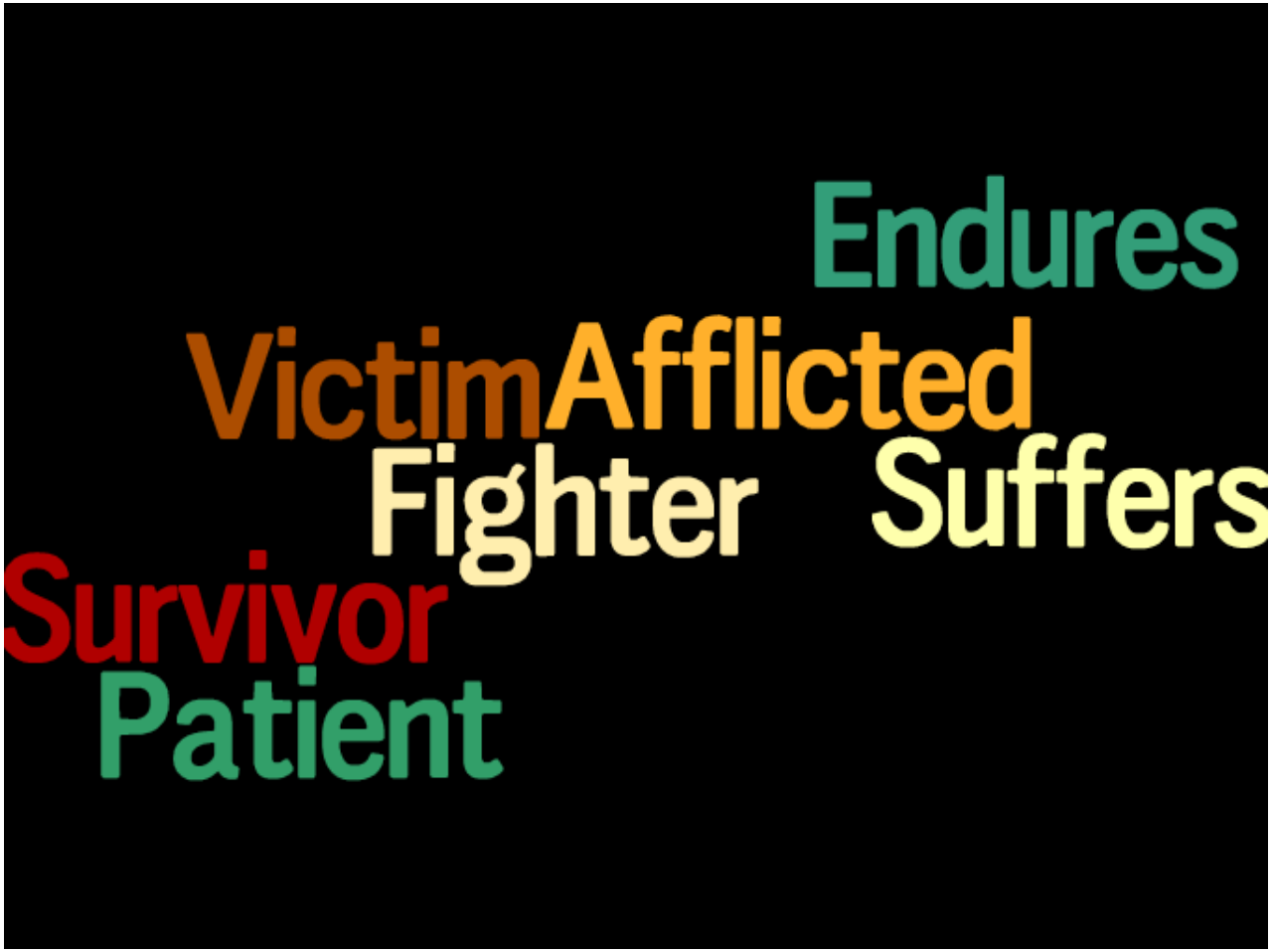


What if….

You go to the hospital with chest pain and are diagnosed as having a heart attack…

- Told it's "your fault" because of your "choices"
- Denied treatment because you "did it to yourself"
- Given a list of cardiologists and cath labs to call
- Only given aspirin if you agree to go to counseling
- Kicked out of the hospital for more chest pain

Language Used for People with Other Illnesses



Change Language to Improve Care

Avoid: “dirty,” “clean,” “abuse,” and “abuser”

Use Person-First language instead

Consider changing: Medication *Assisted* Treatment

Medications for addiction treatment are life-saving similar to insulin for diabetes, which is not called “insulin assisted treatment” despite importance of behavioral interventions with diabetes care

“Medically-supervised withdrawal" also more accurate and less stigmatizing than ”detox“ or “taper”

Person First Language Examples

Use Alternative Terminology		Instead of Stigmatizing Terminology
Person centered language	▪ Person with a substance use disorder	Addict
	▪ Has an X use disorder	Addicted to X
	▪ Person with an alcohol use disorder	Alcoholic
	▪ Person in recovery	Former or Reformed Addict
	▪ Individual not yet in recovery ▪ Person who is actively using X	Untreated Addict
	▪ People who use substances for non-medical reasons ▪ People starting to use X substance	Recreational, Casual, or Experimental Users (as opposed to those with a use disorder)
	▪ Substance exposed infant	Drug addicted infant
Neutral and objective language	▪ Substance Free ▪ Abstinent	Clean or Sober
	▪ Testing negative for substance use	Clean Screen
	▪ Actively using ▪ Positive for substance use	Dirty
	▪ Testing positive for substance use	Dirty Screen
	▪ Substance use disorder ▪ Regular substance use	Drug Habit
	▪ Use of X substance	Drug of Choice or Abuse
	▪ Misuse	Hazardous, Risky, or Harmful substance use
	▪ Ambivalence	Denial
Opportunity Focused Language	▪ Recovery Management	Relapse Prevention
	▪ Return to use ▪ Recurrence of use	Relapse
	▪ Medication for addiction treatment (MAT) ▪ Medication for opioid use disorder	Opioid Replacement or Methadone Maintenance

http://mainequalitycounts.org/wp-content/uploads/2018/10/QC-Substance-Use-Conversation-Guide.pdf

Language Audit

- Perform a “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language.
- Example: Using the search and replace function for electronic documents, search for “addict” and replace with “person with a substance use disorder,” or search for “abuse” and replace with “use” or “misuse.”
- Make sure to review both internal documents (e.g., mission statements, policies) as well as external ones (e.g., brochures, patient forms).

Evidence-Based Interventions

- Stigma Elimination Through Contact
  - Peer storytelling
- Stigma Elimination Through Education
  - Peers educating on the science of addiction and recovery
- Stigma Elimination Through Language
  - All of us using non-stigmatizing, person first, recovery-oriented language
  - Holding each other accountable by creating teachable moments/learning opportunities when we use stigmatizing language.

What Can YOU Do?

Treat addiction with science-based strategies

Speak out against stigma & discrimination

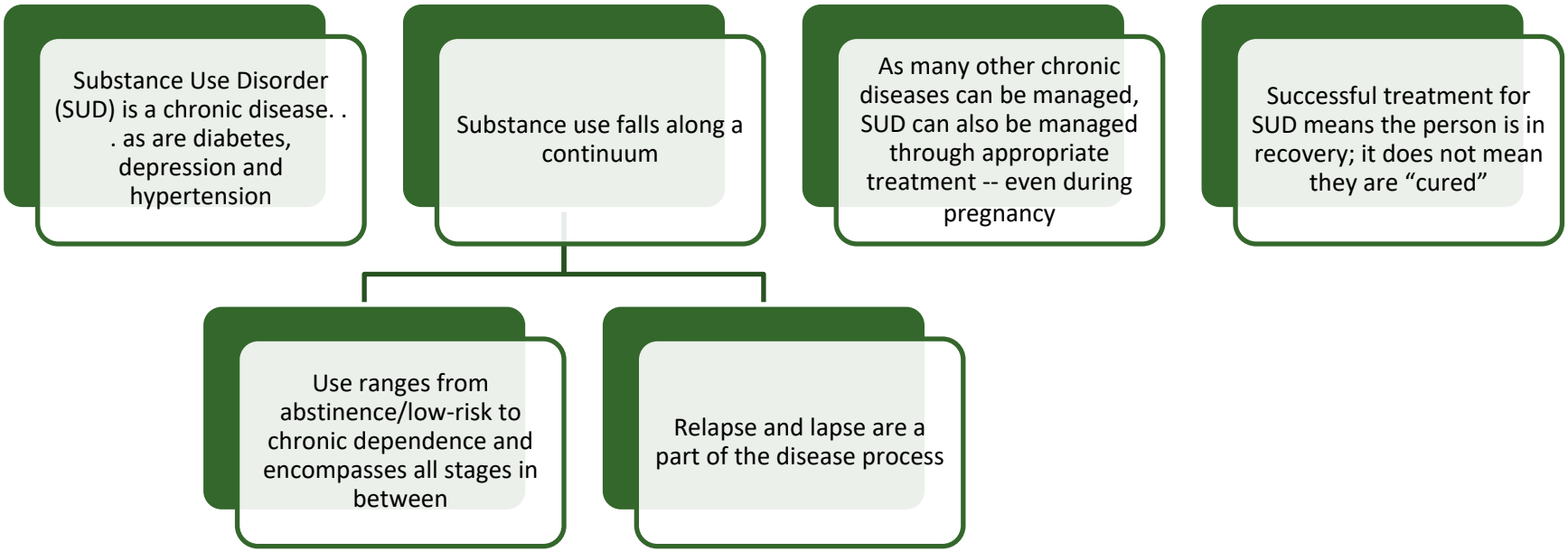
Keep hope alive

Treat affected individuals with dignity

Partner with peer recovery specialists

Be mindful of language

Reminders


Substance Use Disorder (SUD) is a chronic disease. . . as are diabetes, depression and hypertension
Substance use falls along a continuum
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”
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

Reminders (continued)

Embrace

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

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

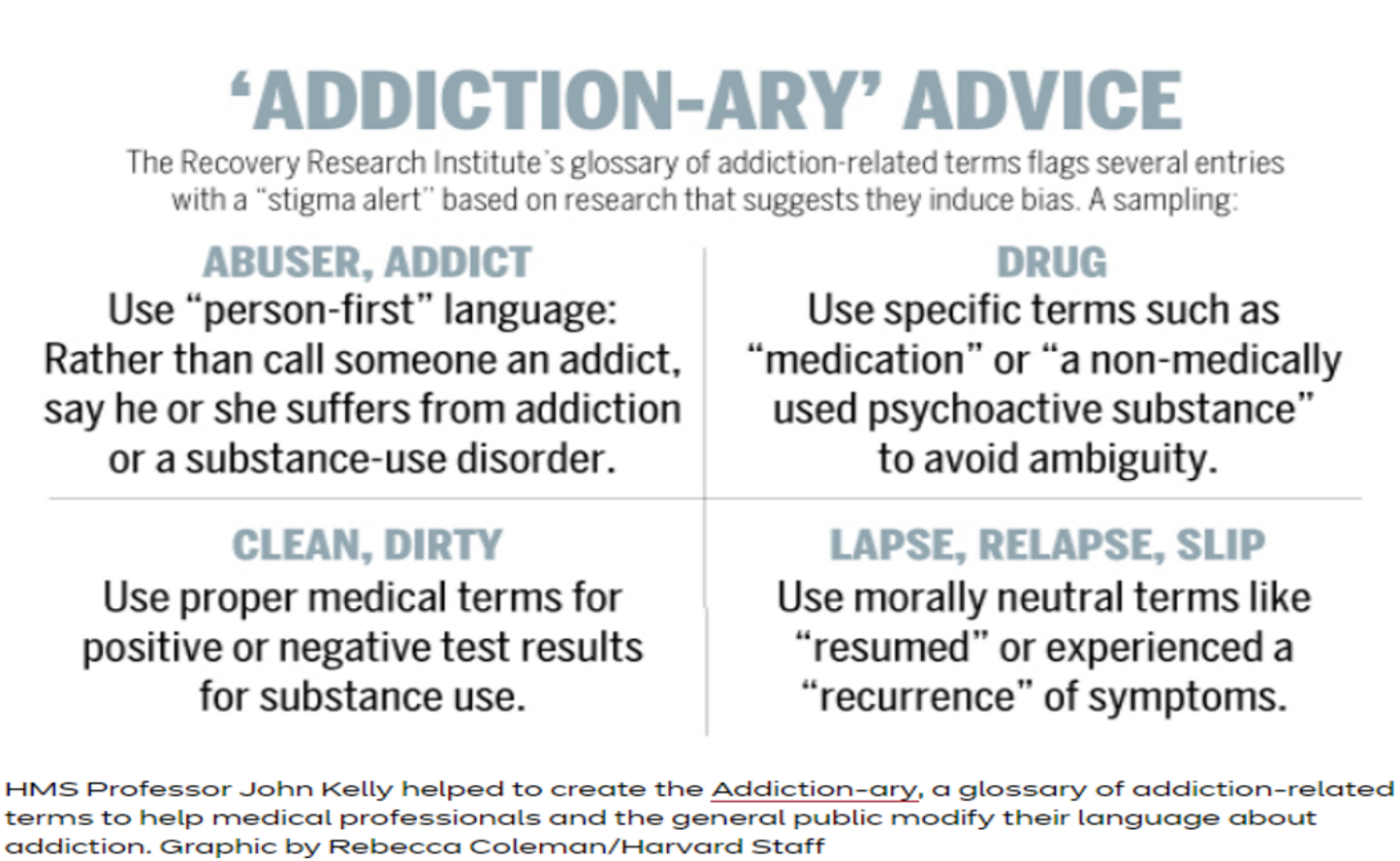
Don't convey

Don't convey the impression that abstinence is the only goal

Don't assume

Don't assume there is only one "right" way to address substance misuse

Reminder: Words Matter



Source: https://news.harvard.edu/gazette/story/2017/08/revising-the-language-of-addiction/

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Presenter Contact Info

ANDREW GIANNOTTI, M.D., FASAM

INFO@TEXASRECOVERY.NET

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