The Stigma of Addiction: an overlooked Health Disparity

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Americans of all backgrounds who have mental health and addiction disorders face ... barriers and are victims of inequity in the delivery of health care services. Research shows that they have been more likely than other people to have difficulty accessing health care services and that they are in poorer health than others.

*Understanding Health Reform: why is the Affordable Care Act important for people with health disparities?,* SAMHSA, 2010. 
What do you think of when you hear the word “stigma”?

What is stigma and why does it matter?

- Stigma labels individuals or groups of people as less worthy of respect than others.

- Health-related stigma is a socio-cultural process in which individuals and/or defined populations are devalued, rejected and excluded on the basis of a socially discredited health condition.

- Compared with people with other mental health disorders, people with substance use disorders:
  - are less frequently regarded as mentally ill
  - are held much more responsible for their condition
  - provoke more social rejection and more negative emotions.

CARAVAN® Survey for SAMHSA on Addictions and Recovery SEPTEMBER 2008

- Nationally representative telephone survey
- 11 global questions related to addiction, prevention, recovery, and stigma related to addictions
- Questions 3-6 related specifically to stigma, addiction and recovery


Adapted from Guidelines to reduce stigma, International Federation of Anti-Leprosy Associations (ILEP), 2011
Highlights of Findings:

• ½ of all adults 18 and older know someone in recovery from addiction to alcohol, illicit drugs, or prescription drugs

• respondents overall had more negative feelings toward people addicted to heroin and cocaine than to people addicted to alcohol, prescription drugs, or marijuana

• 75% believe recovery is possible from alcohol, prescription drugs, or marijuana addiction; only 58% believe recovery is possible from heroin, cocaine or methamphetamine addiction

Question 3: You would think less of a friend or relative if you discovered ...
A. They have an addiction to drugs, including illicit drugs, such as marijuana or cocaine, or prescription medications
B. They have a drinking problem
C. They are in recovery from addiction to drugs or alcohol
Questions 4 & 5: You would be comfortable...
A. BEING FRIENDS WITH someone who is in recovery from alcohol abuse (or drug addiction)
B. WORKING WITH someone who is in recovery from alcohol abuse (or drug addiction)
C. LIVING NEXT DOOR to someone who is in recovery from alcohol abuse (or drug addiction)

Question 6: How much do you agree or disagree that a person with an addiction to the following substances is a danger to society?
A. Alcohol
B. Prescription drugs, such as painkillers, sleep aids, or anti-anxiety medications
C. Marijuana
D. Illicit drugs, such as heroin, cocaine, or methamphetamines

Substance addictions that are a danger to society

Respondents who would feel comfortable with someone in recovery from alcohol or drug abuse

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
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<tbody>
<tr>
<td>Being friends with</td>
<td>66</td>
<td>57</td>
</tr>
<tr>
<td>Working with</td>
<td>63</td>
<td>53</td>
</tr>
<tr>
<td>Living next door to</td>
<td>57</td>
<td>46</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance</th>
<th>Overall</th>
<th>Males</th>
<th>Females</th>
</tr>
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<tbody>
<tr>
<td>Alcohol</td>
<td>48</td>
<td>40</td>
<td>55</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>41</td>
<td>35</td>
<td>48</td>
</tr>
<tr>
<td>Marijuana</td>
<td>32</td>
<td>28</td>
<td>35</td>
</tr>
<tr>
<td>Other illicit drugs</td>
<td>77</td>
<td>73</td>
<td>80</td>
</tr>
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"Drunks," "junkies," "stoners" -- we look down on them because they "chose" to become addicted to drugs. They "chose" to ruin families and relationships. They made a "choice" that cost them their lives in an overdose.

This "choice" is a false one. Drug abuse and addiction are tragic things, but they are not character traits. Just as depression is a no-fault mental illness, so is addiction.

The power of language

“...In discussing substance use disorders, words can be powerful when used to inform, clarify, encourage, support, enlighten, and unify.

On the other hand, stigmatizing words often discourage, isolate, misinform, shame, and embarrass...”

Excerpt from “Substance Use Disorders: A Guide to the Use of Language” published by CSAT and SAMHSA
Think about the meaning of these words...

- Addict
- Junkie
- Alcoholic
- Drunk
- Prostitute
- “getting clean”
- Clean/dirty urine
- Others?

Why might these terms be stigmatizing?
What alternative terms could you use?

STIGMA

drug users are more than a label
Levels of stigma

Several studies indicate that there are three (3) levels of stigma:

- **Self-stigma** - a subjective process characterized by negative feelings (about self) and maladaptive behavior resulting from experiences, perceptions, or anticipation of negative social reactions

- **Social stigma** - the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group

- **Structural stigma** - refers to the rules, policies and procedures of institutions that restrict the rights and opportunities for members of stigmatized groups

(Schomerus, et al, Alcohol and Alcoholism; Livingston, et al, Addiction)

Consequences of Self-Stigma

- Shame, isolation
- Internalization of negative public stereotypes → low self-esteem; feelings of worthlessness
- Low self-efficacy (“why try?”) → difficulty seeking or engaging in care
- Linked to increased rates of depression and anxiety
- Lower quality of life
Consequences of Social Stigma

- Social isolation
- Lack of support from family and friends
- Prejudice and discrimination by health care, social services, and law enforcement agencies and professionals
- Discrimination in the workplace, housing, and education

Consequences of Structural Stigma

- Lack of parity in insurance coverage for treatment of addiction as compared with other diseases
- Inadequate funding of public programs for treatment for low-income people and those without insurance
- Lack of funding for harm reduction programs (e.g., lack of federal funding for syringe exchange programs)
- Incarceration instead of treatment for people with drug addictions and lack of treatment within correctional facilities→ cycle of reincarceration
Case Study: Joe

• Joe (age 31) has been addicted to heroin since age 16.
• He has a 10-year old son. He tells you that he really does NOT want his son to become “a junkie like me.”
• Joe would like to find a doctor to prescribe suboxone (a medication-assisted treatment for opiate addiction), but:
  • he can’t find a doctor who has an opening (only doctors can prescribe suboxone, not NPs or PAs)
  • he doesn’t have insurance or Medicaid (suboxone costs $350-400/month)

Can you identify an example of Self-Stigma, Social Stigma, and Structural Stigma in Joe’s story?

What is our role in ending stigma?

• Show empathy; be non-judgmental
• Examine our own beliefs
• Think about the language we use
• Educate peers, family, and friends about the “disease” of addiction
• Understand that relapse is part of this disease, just like it is part of any chronic disease
• Advocate:
  • for clients
  • for public and professional education
  • for changes in discriminatory policies and laws
  • for increased funding for prevention and treatment programs
“...The sense of stigma is most likely to diminish as a result of public education and broader acceptance of addiction as a treatable disease.”

—Institute of Medicine

It's QUESTION TIME!!
References

- **Coping with the stigma of addiction**, Rosenbloom, David, PhD. [http://www.hbo.com/addiction/stigma/52_coping_with_stigma.html](http://www.hbo.com/addiction/stigma/52_coping_with_stigma.html)