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Kicking Them While They're Down:

Stigma as a barrier to responding effectively to the problem of addiction

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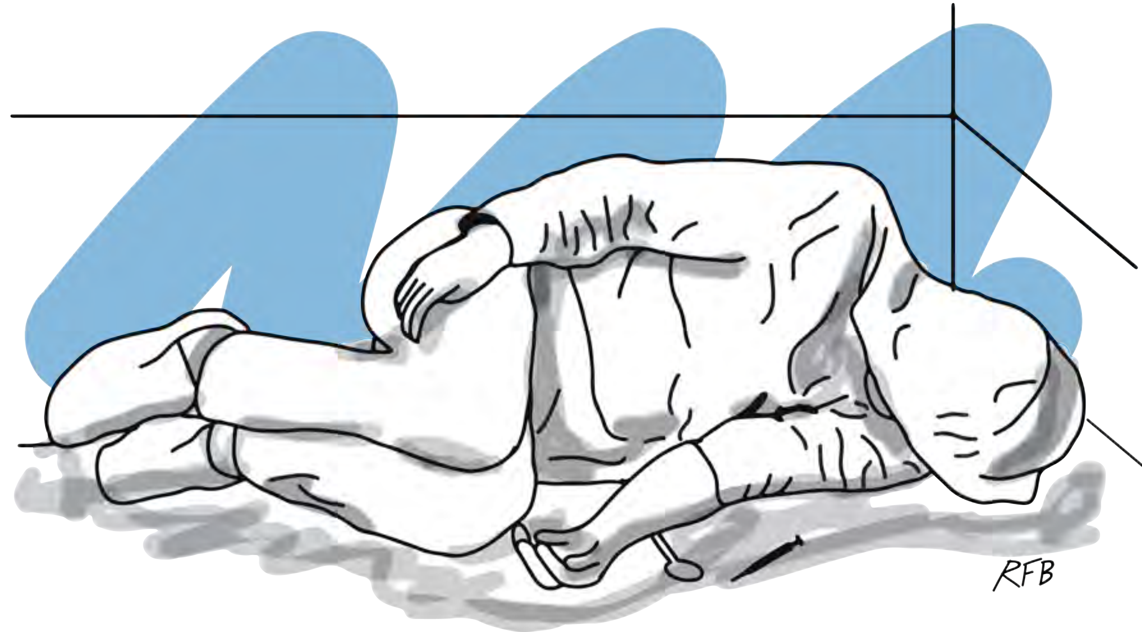
July 2019

In our society, STIGMA – social devaluation, discrediting, and shame – is ascribed to people with addiction



"DRUGGIE"

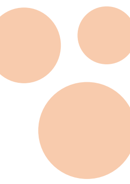
"DOPE FIEND"

"JUNKIE"

Stereotypes

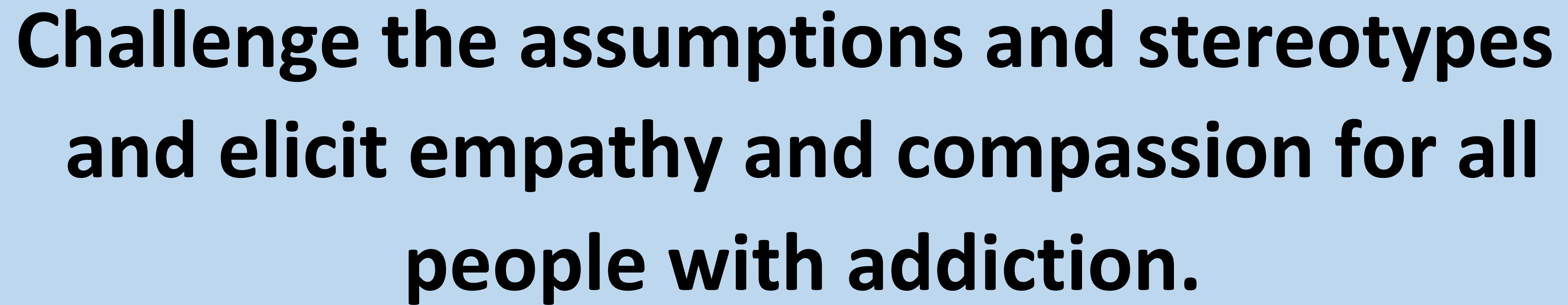
- Lack moral compass
- Don't care about the consequences
- Disinterested in change
- Worthless
- Uneducated
- Sickly
- Criminals beyond drug use
- Let society pay for my mistakes
- Lost cause, failure
- Intertwined with racial, low income, mental health, HIV stigma.

Elicits fear, disgust, anger, hatred, violence and/or sympathy, parentalism, charity



Goals of presentation

1. Challenge the assumptions and stereotypes and elicit empathy and compassion for people with addiction.
2. Understand how stigma perpetuates marginalization and discrimination for people with addiction.
3. Consider what helps to promote recovery and how stigma is a barrier.


Challenge the assumptions and stereotypes and elicit empathy and compassion for all people with addiction.

Addiction can happen to anyone.

- In 2012 8.4% of adults in the U.S. had a substance use disorder.
- Occurs in every region, socioeconomic class, racial/ethnic, gender, and age (teen and older) group.
- People with addiction are members of our communities.
- They are our neighbors, siblings, parents, and children.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

Challenging the notion that people bring addiction on themselves

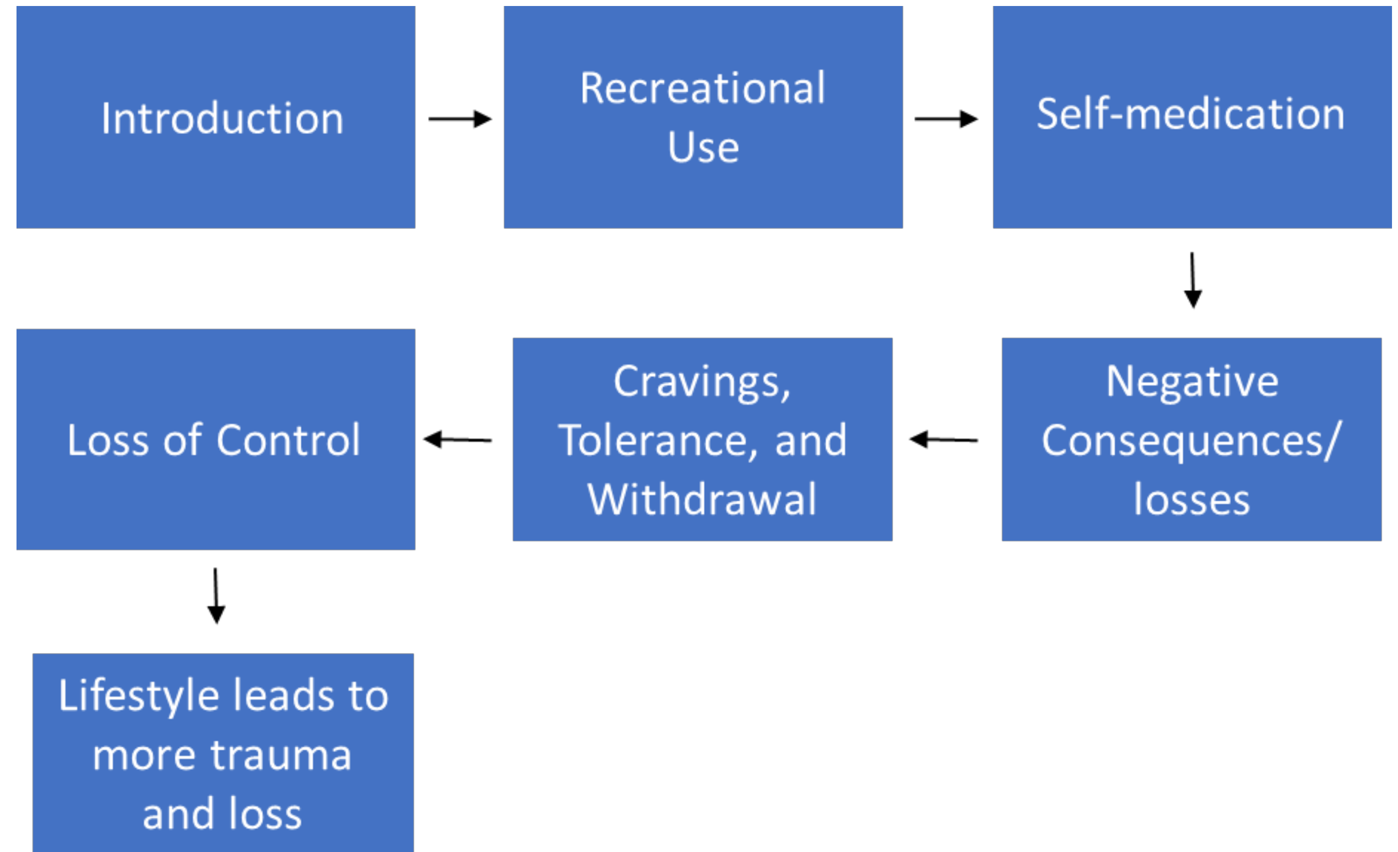
	INDIVIDUAL	FAMILY	PEERS/SCHOOL	NEIGHBORHOOD	COMMUNITY
RISK FACTORS	Genetic predisposition Impulsivity Rebelliousness Early onset o[...] use Trauma/PTSD Mental illness	Aces Poverty	Academic failure Peer rejection Peer use Bullying	Neighborhood Disorganization Antisocial norms Availability of drugs	System involvement Discrimination
				[...]ghbors	Therapeutic intervention Afterschool activities Relationships with caring adults

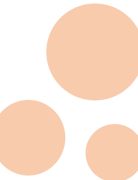
Adverse Childhood Experiences (ACEs)		
Abuse	**Neglect**	**Household Dysfunction**
Physical Emotional Sexual	Physical Emotional	Mental illness Mother treated violently Divorce Incarcerated family member Substance abuse

(Felitti, et al. 1998)

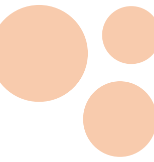
[...]3; Gibbons, et al., 2004; Herrenkohl, et al., [...]raser, 2011; Radliff, et al., 2012)

No one wants or deserves to be addicted to drugs





Addiction hijacks the brain



- Drugs activate the same pleasure response as food, water, and sex.
- With long-term use the body produces less dopamine while the brain requires more and more.
- There are structural and functional changes that occur.
- Can be compared to the cravings of individuals on the verge of starvation and dehydration.

(Psychiatry & Behavioral Health Network, 2015).

Opioid addiction is miserable

- Prolonged use changes the brain's opioid receptors at a cellular level.
- Once dependent, people use to feel normal. The euphoric effects no longer occur.
- Withdrawal symptoms and cravings can continue for months, even years after stopping use.
- People in recovery have an increased sensitivity to real or imagined pain and are more vulnerable to stressful events.
- A user who returns to the same dosage after losing his or her drug tolerance risks respiratory suppression and death.

(Lautieri, 2019; Seppala, 2015)

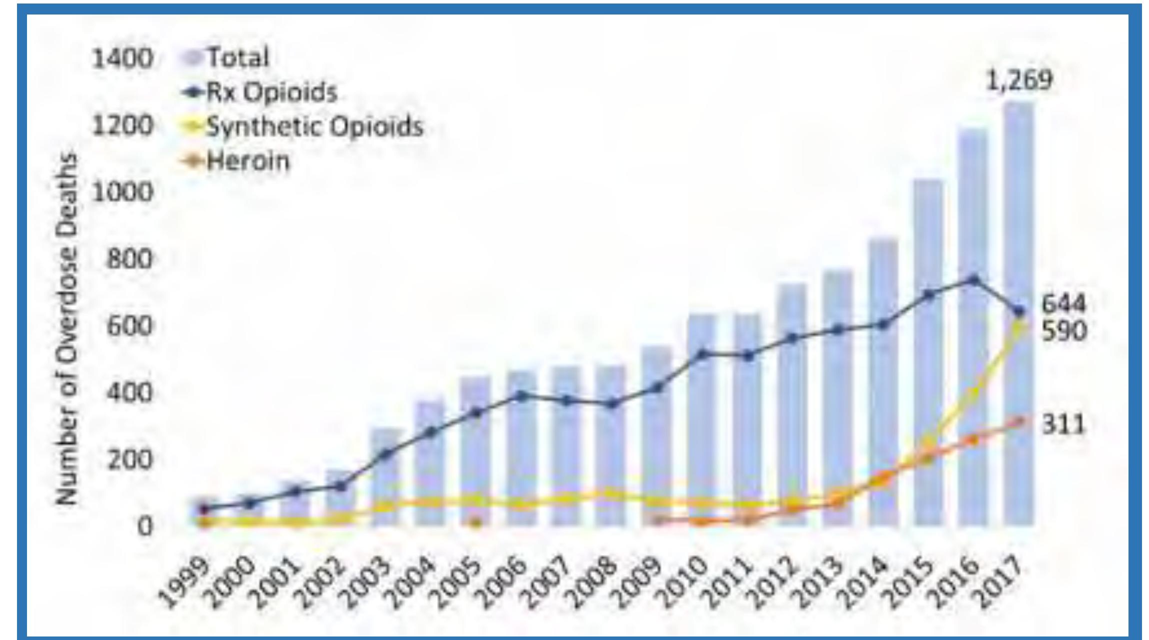
Opioid Withdrawal Symptoms

Restlessness	Aches, Pain	Stiffness	Spasms
Bone Pain	Insomnia	Diarrhea	Vomiting
Agitation	Anxiety Panic	Itching	Irritability
Rapid Heart Rate	Runny Nose	Cold Flashes	Sweating
Shaking	Flu-Like Symptoms	Fever	Yawning
Seizures	Sleep Difficulties	Fear, Paranoia	

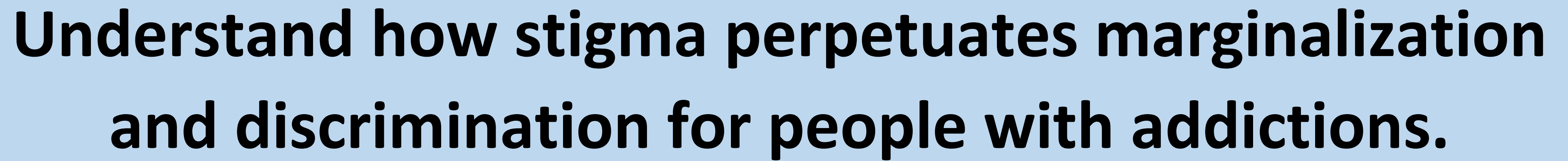
Resist moral judgement between “innocent victims” and “druggies”

- The opioid crisis occurred because there was a huge amount of access to opioids that are extremely addictive.
- From 2012 to 2017 in TN as we curbed back the prescribing, and deaths due to prescription opioids were reduced.
- But overdoses due to fentanyl and heroin increased and so did the use of other drugs.
- People who never would have used drugs, progressed to injection use and other substances.
- People who have economic and social resources and a strong foundation of protective influences have a great advantage in recovery.

Number of overdose deaths involving opioids in Tennessee, by opioid category.



Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.


Understand how stigma perpetuates marginalization and discrimination for people with addictions.

None of us are immune from inheriting the biases of our ancestors, institutions, and society.

- Explicit Bias refers to attitudes and beliefs held at a conscious level.
- People are more likely to deliberately express explicit negative bias when they perceive threat.

- Implicit Bias refers to judgment or behavior that results from subtle cognitive processes.
- We are socialized into individual, institutional, and societal biases.
- We often act from automatic assumptions without even being aware we are doing so.

(Greenwald & Krieger, 2006)

Derogatory messages in interpersonal exchanges and media deliver constant reminders of the stigma.

Demeaning language like *substance abuser* and *dope fiend*.

Expressions of belief that addiction is a moral flaw and not a disease.

Told by family or boss not to tell anyone in order to avoid shame it will bring on them.

Encouraging someone in recovery to use (you are doing too well to really be an addict).

Assumptions made about criminality (asking about prostitution, or acting guarded and suspicious).

Inappropriate questions about sexuality, drug use behavior, HIV status.

Assumptions about fragility and lack of competence.

Asked to event to represent people in recovery with no real interest in perspective.

Excessive gushing, patronization.

(White, 2016)

Many people with addiction experience internalized stigma.

scared

disgusted

angry

hatred

violent suicidal

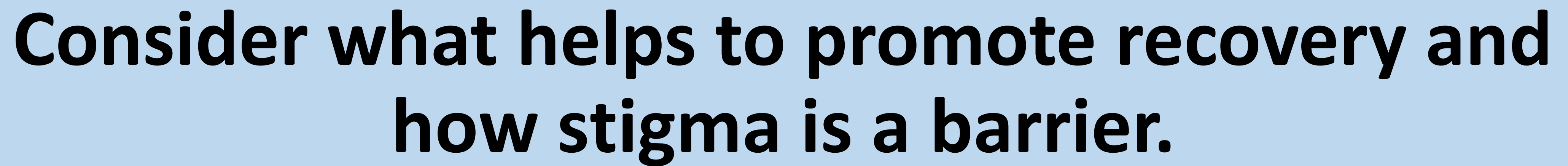
- Many people with addiction perceive themselves as a moral failure, worthless, and feel shame for lack of self-control and harm they cause people.
- Self-stigma serves as a force toward isolation and desperate denial that pushes people deeper into the addictive process.
- People with active addictions feel out of control. The disease of addiction drives them to engage in activities they know are despicable and hate themselves for what they have become.

(Woll, 2005)

Stigma is perpetuated through systemic and institutional discrimination

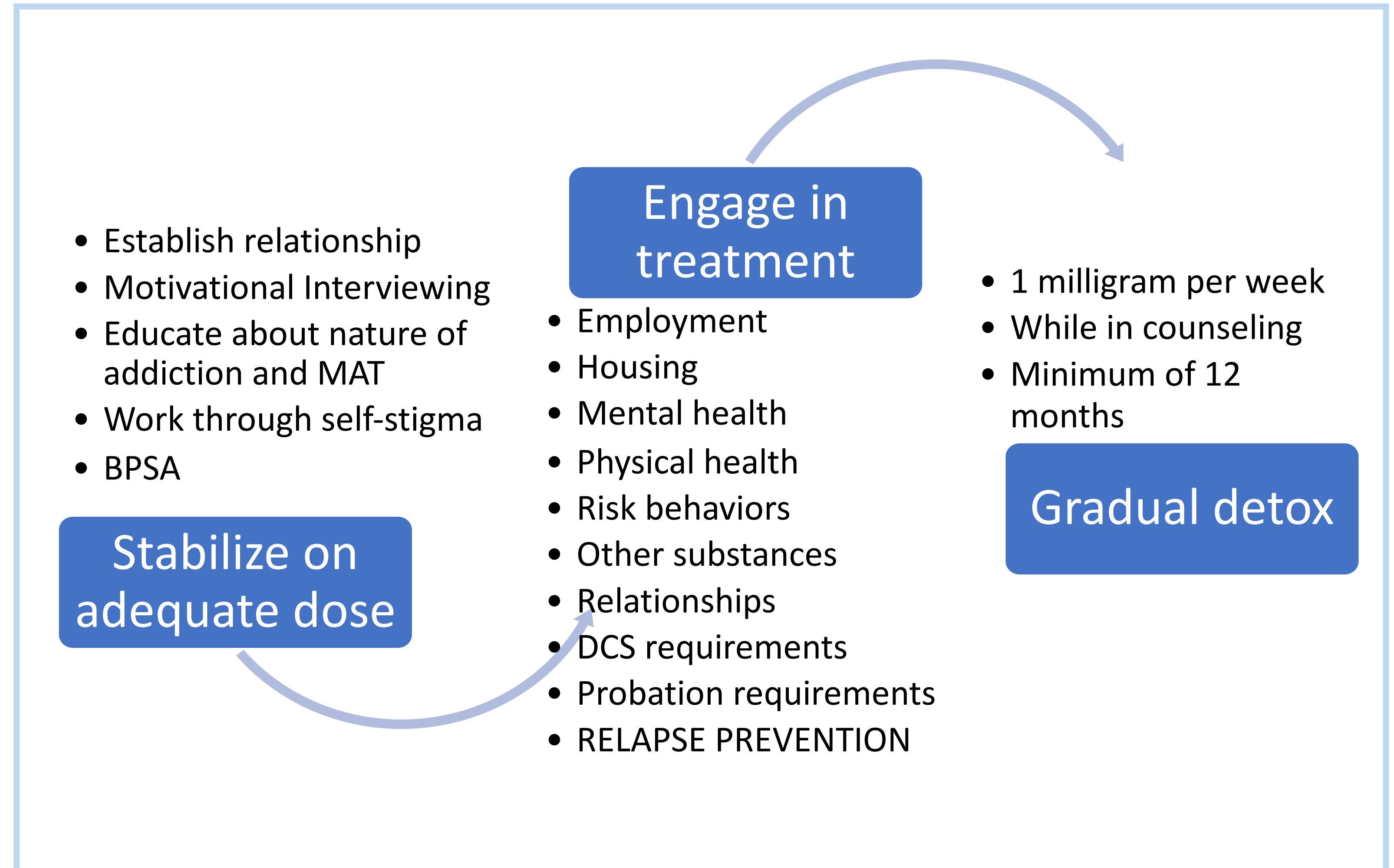
- Addiction treatment is a separate system from health care
- Limited resources are allocated to issues people are more comfortable with
- Criminalization of drug use
- Health insurance system does not require coverage of adequate care
- People are screened out of employment opportunities
- Family members are treated as failures and encouraged to hide the truth
- Clinicians are not trained adequately and choose employment where they expect to avoid people with addiction
- Dentists and doctors refuse to use opioids to manage pain in people with addiction
- Children removed from home because their parents would stay clean if they cared about their kids
- Detoxification in jail and expectation people will be clean when they are released –or go back to jail
- Treatment is not available, not affordable, not adequate
- Addiction support groups that do not support medication assisted treatment
- Prejudicial attitudes in health care workers
- Domestic violence shelter that does not allow people with addiction to stay there

(Brener, et al., 2010; Wakeman & Rich, 2018; Woll, 2005)


Consider what helps to promote recovery and
how stigma is a barrier.

So what if MAT is substituting one drug for another?

- Methadone and buprenorphine are opioids.
- It is like insulin for a diabetic.
- Once stabilized treatment can start.
- No longer can get high and do not go into withdrawal '
- Detox from buprenorphine is not as uncomfortable as ' methadone but on a 30 ' day detox people never stabilize.
- Without MAT ≈ 100% relapse.



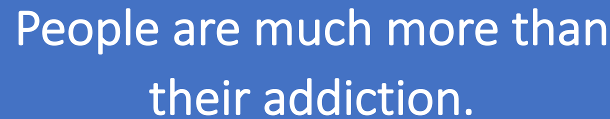
Among those who need treatment, few receive it (NIDA, 2018)

- Stigma deters people from accessing and staying in treatment (mental health, HIV, and addiction) because of stigma they encounter by treatment providers (Earnshaw et al., 2012; Interian et al. 2010; Vanable et al. 2006).
- In comparison to the stereotypes, most people can convince themselves they don't have a problem.
- Going to treatment means I really am an addict.

"And I would say 'oh I was on methadone, so they would know, just in case it would clash bad and give me a bad reaction. And as soon as I would say that I was on methadone, they would switch up and treat me completely, completely different. Yeah it was crazy. And that's happened a few times. You know. Just like with an attitude and would kind of like brush me off. And before that they were like 'oh sweetie,' being really nice." (Earnshaw, et al., 2013,p.118)

Get away from recovery versus addict thinking

- Even the most determined, strong-willed, talented, morally righteous person who develops addiction is likely facing a life-long, chronic relapsing illness.
- All time clean is progress in recov… ry and worthwh… use of re… ces.
- People most likely to develop the resil… ry need unconditional support from people wh… based on realistic expectations of the nature and co…
- Moreover, people with addictions ne… d them on pathways to stability and well-being at th… g their illness.
- The innovation and broad community com… mitmen… eded … verse tre… s is possible only when we stop allowing moral judgment toward addiction … drive treatment and policy decisions, and instead focus on the reality of the nature of the disease, and the worth and potential of those suffering from addiction. '



Netherlands' free heroin distribution program could serve as possible model for US

Harrison Cook - Tuesday, July 17th, 2018 Print | Email

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The Netherlands has distributed heroin to its citizens via supervised injection sites or heroin treatment centers since the 90s. Dutch public health experts cite these actions as one reason the country sees significantly fewer opioid-related deaths than the U.S., according to *Cleveland.com*.

The Netherlands reported just 235 fatal opioid overdoses in 2016, compared to 4,050 in Ohio, alone, for the same year.

The country launched the heroin distribution program in 1988. To qualify for the program, individuals must be at least 35 years old, a regular user for at least five years and have a record of repeatedly unsuccessful treatment efforts, which includes methadone-maintenance therapy, meaning the program offered in the Netherlands is a last resort.

The Netherlands' federal distribution of heroin is rooted in three key concepts:

1. Drug addiction should be seen as a chronic disorder — rather than a condition needing to be cured — and may be best treated with supervised drug use.

2. Treatment does not mean stopping drug use, which in clinical settings reduces criminal activity and improves patient well-being.

3. Policies affecting public health should be created by practical application, instead of moral choices.

Ellen van den Hoogen, who manages a heroin clinic in Amsterdam, said the program has helped reduce crime rates and improve overall quality of life for heroin users, according to *Cleveland.com*.

Peter Blanken, PhD, a senior researcher with the Parnassia Addiction Research Centre in Rotterdam, found 1 in 4 program participants make a complete recovery, which includes better overall health and less illegal drug use and excessive alcohol consumption.

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When the community decides addiction is not a moral issue and people with addictions are part of the community…

TREATMENT

- We will involve people with addictions in developing the approach.
- Respond to people with empathy.
- Make long-term MAT available as the standard treatment plan.
- Develop policy based on realistic expectations of course of disease and require health insurance coverage.
- Educate the public.
- Train the treatment workforce about addiction, stigma, discrimination, and how to change bias.
- Develop best practices for how to support people with addiction in every system
  - Employee assistance programs
  - High schools and colleges

PREVENTION

- We will talk honestly with children about drugs and alcohol and the potential for addiction.
- Statewide universal prevention using evidence-based practices and intentional theoretical frameworks
  - Multisystems
  - Social emotional learning
  - Positive youth development
  - Trauma-informed care
- University-community collaboration to build further evidence of what works in our unique contexts and disseminate nationally.

References

- Ashford RD, Brown AM, & Curtis B. (2018). Substance use, recovery, and linguistics: the impact of word choice on explicit and implicit bias. *Drug Alcohol Dependence*, *189*:131-138.
- Brener, et al. (2010)
- Conner, K. O., & Rosen, D. (2008). "You're Nothing But a Junkie": Multiple Experiences of Stigma in an Aging Methadone Maintenance Population. *Journal Of Social Work Practice In The Addictions, 8*(2), 244-264.
- Dube, S. R., Felitti, V. J., Dong, M., Chapman, D. P., Giles, W. H., & Anda, R. F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. *Pediatrics*, *111*(3), 564-572.
- Earnshaw, V., Smith, L., & Copenhaver, M. (Feb. 2013). Drug Addiction Stigma in the Context of Methadone Maintenance Therapy: An Investigation into Understudied Sources of Stigma. *International Journal of Mental Health & Addiction, 11*(1), 110-122. doi: 10.1007/s11469-012-9402-5.
- Felitti, V. et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine, Volume 14, Issue 4, 245 – 258.
- Jaymin Upadhyay, Nasim Maleki, Jennifer Potter, Igor Elman, David Rudrauf, Jaime Knudsen, Diana Wallin, Gautam Pendse, Leah McDonald, Margaret Griffin, Julie Anderson, Lauren Nutile, Perry Renshaw, Roger Weiss, Lino Becerra, David Borsook, Alterations in brain structure and functional connectivity in prescription opioid-dependent patients, *Brain*, Volume 133, Issue 7, July 2010, Pages 2098–2114, https://doi.org/10.1093/brain/awq138
- (Kendler, et al., 2000).
- Lautieri, A. (2019). *Opiate Withdrawal Timelines, Symptoms and Treatment.* American Addiction Centers.
- Luoma, J.B., Kohlenberg, B.S., Hayes, S.C., Bunting, K., & Rye, A.K. (2008). Reducing self-stigma in substance abuse through acceptance and commitment therapy: Model, manual development, and pilot outcomes. *Addiction Research & Theory, 16*(2), 149-165. doi: 10.1080/160663050701850295
- Radliff, K. M., Wheaton, J. E., Robinson, K., & Morris, J. (2012). Illuminating the relationship between bullying and substance use among middle and high school youth. *Addictive behaviors*, *37*(4), 569-572.
- Seppalla, M.(2015). Opioids and How They Work: When the Promise of Pleasure Becomes a Nightmare. Hazeldon Publishing.
- Wakeman, S. E., & Rich, J. D. (2018). Barriers to medications for addiction treatment: How stigma kills. Substance Use & Misuse, 53(2), 330-333.
- Woll, P. (2005). Healing the stigma of addiction: A guide for treatment professionals. *Chicago, IL: Great Lakes Addiction Technology Transfer Center*.

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