

Opioid Use Disorder - A Guide for Stigma Reduction Efforts

Prevention is best, Treatment is Effective, and People do Recover

Stigma – a strong lack of respect for a person or a group of people or a bad opinion of them because they have done something society does not approve of

Why work to reduce stigma?

SAMSHA’s working definition of recovery states that recovery is “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” It goes on to list **health, home, purpose, and community** as essential dimensions of support for a life in recovery.

Stigma gets in the way of recovery. When a person with substance use disorder finally makes the difficult decision to reach out for help, he or she is often met with responses that are less than helpful, and this is often the result of stigma. Many examples of stigma are subtle. Stigma comes in the form of whispers, looks of pity or disdain, silence or rejection, statements made by strangers about “addicts”, but taken together these paint a clear picture with a message that “good” individuals and families don’t have this problem.

Examples of behaviors that may be driven by stigma are doctors who will not treat substance use disorder or consider medication assisted treatment despite overwhelming evidence of its effectiveness, or treatment providers who discharge when the person in recovery relapses. Individuals and families often feel isolated from their communities and networks when they need help the most. Hope, the most critical element of recovery, **crumbles under the weight of stigma.**

If we want to make an impact on the problem of the opioid epidemic in a meaningful way, as well as all other substance abuse epidemics, we MUST address stigma.

Reduce Stigma by:

1. Start by understanding your own potential biases, your organization’s biases, ways that you may internally or externally shame individuals with substance disorders or their families.ii
2. Create a media campaign using messages of hope and faith. The above message “prevention is best, treatment is effective, and people do recover” is a good example of this type of messaging. Use this messaging on created materials, on social media posts, in presentations, and in conversations.
3. Change your words. Words are powerful. An “addict” is a person with a substance use disorder. We do not call a person with cancer, a cancer. We can clearly see the negative impact this would have on morale and hope, and even on recovery-based behaviors (such as seeking treatment). ii
4. Share stories of recovery. They are powerful.
5. Share stories of how compassion helped support a person’s journey to recovery. They are equally powerful. We hear many stories about the destruction of families, communities, relationships, lives. This can help with a call to action, but if not balanced with a message of hope will inadvertently add to the problem of stigma. ii
6. Share information on ACES, how common they are, and their relationship to addiction. i
7. Stick to the facts. Facts are powerful when challenging biases and fear-based stigma. It is hard to argue with cold, hard, facts. Fortunately, the “cold, hard, facts” support interventions such as motivational interviewing, cognitive behavioral therapies, family based interventions, finding meaning, faith, and purpose, and medication assisted treatment. iii There is no evidence that supports confrontation or shaming as effective in helping people recover. Facts support messages of hope.
8. Support access to treatment. Know where to go to ask for help. Share resources. Give assistance. Sometimes the opportunity to help someone find help is brief. Be ready. Find more information at www.rethinkrxabuse.gov



Sources:

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