Removing the Stigma: Changing the Public Outlook on Substance Use and Recovery

Welcome and Introductions
Learning Objectives

• Understanding the science behind substance use disorder and recovery
• Dissecting current stigma enhancing language
• Learning individual strategies to change the public outlook on substance use disorder and recovery.

Substance Use Disorder Stigma-An Overview
How did we get here?
Defining Stigma

- Stigma is defined as a set of **negative beliefs** that a group or society holds about a topic or group of people.

- Stigma is a major cause of discrimination and exclusion and it contributes to the abuse of human rights. When a person experiences stigma they are seen as **less than** because of their real or perceived health status.

Public Health Issue

- **Stigma is a public health issue** — it contributes to high rates of death, incarceration, and mental health concerns among dependent populations.
Stigma is Rarely Based on Facts

- Assumptions
- Preconceptions
- Generalizations

Stigma Occurs at Three Levels of Society

01 Structural
laws, regulations
and policies

02 Public
attitudes beliefs
and behaviors of
individuals and
groups

03 Self-Stigma
internalized
negative stereotypes
A History of Mistaken Belief Systems

Why Public Attitude is Difficult to Change?

Past Attitudes-The History

- **Moral Model (18th & 19th Century)** Will power or moral strength - a person is weak willed or a moral degenerate

- **Temperance and Prohibition Models (Late 19th into early 1930's)** Alcohol and drugs are in and of themselves dangerous substances - anyone using will become addicted

- **Addictive personality Model (1950's)** Addictive personality

*History of Drug Abuse 2016. Retrieved from drugabuse.com*
Past History- 1980’s

• This is your brain on drugs

Past History-1990’s

1990’s- The Decade of the Brain
• Learned more about the brain in one decade than in the history of mankind
• Now understand how vastly more complicated and intricate the brain was to understand
• Scientists said the biggest thing they learned was how much they had to learn

Goldstein 1994
Public Attitudes

- In a 2004 study by Peter D. Hart Research Associates to survey public attitudes about substance use disorder and discrimination.

- 43% of Americans say they would be less likely to vote for a candidate for governor of their state who is in long-term recovery.

- 27% of Employers admit they would be less likely to hire an otherwise qualified job applicant because they learned the candidate was in long-term recovery.

Policy Position Paper on Discrimination - Faces & Voices 2011

Recovery Community Responses

- 19% of people in long term recovery fear being fired or discriminated against if their history of substance use disorder becomes known.

- 24% have been personally denied a job promotion.

- 12% have been denied health care coverage or paid a higher premium.

- 39% Have experienced shame or embarrassment by being in long term recovery.

- 63% People in long term recovery indicate the importance of conveying to the public how shame and discrimination hinder the recovery process.

Policy Position Paper on Discrimination - Faces & Voices 2011
Have Attitudes Changed?

- Stigma affects all of us – and nearly everyone has felt stigmatized or has stigmatized others at some point in their lives.

- The general public was more likely to have negative attitudes towards those dealing with drug addiction than those who were dealing with mental illness.

- Additionally, researchers found that people don’t generally support insurance, housing, and employment policies that benefited people who were dependent on drugs.
The Results

- 64% of respondents said companies should be able to deny employment to people with substance use disorder (only 25% of respondents said people with a mental illness should be denied employment)

- 43% of respondents said people with substance use disorder should be denied health insurance benefits (only 21% of respondents said people with a mental illness should be denied health insurance benefits)

JH Bloomberg School of Public Health 2014

The Results

- Only 22% of respondents said they would be willing to work closely on a job with a person with substance use disorder (62% said they would be willing to work closely with someone who had a mental illness)

- An estimated 3 in 10 respondents said recovery from either substance use disorder or mental illness is impossible.

JH Bloomberg School of Public Health 2014
Present
What do you believe the general public attitude to be in 2018?

Stigma is Discrimination
Consequences of Disclosure of Substance Use Disorder

- Arrests, prosecution and incarceration
- Denying access to medication assisted treatment in the criminal justice system
- Temporary or permanent removal of children from parents care
- Loss of employment
- Denial of housing

Policy Position Paper on Discrimination, Faces & Voices of Recovery, October 2011
The Negative Impact Breakdown of Stigma and Discrimination 2018

Non-Stigmatized Conditions
Low perceived fault/Low perceived control

Stigmatized Conditions
High perceived fault/High perceived control
The Negative Impact of Stigma and Discrimination

- Substance use disorder is among the most stigmatized conditions in the United States and around the world

Substance Abuse and Mental Health Services Administration

The Negative Impact of Stigma and Discrimination

- Some health care providers treat patients with substance use disorders differently

Policy: public views about drug addiction and mental illness. Psychiatric Services, 65
The Negative Impact of Stigma and Discrimination

- People with a substance use disorder who expect or experience stigma have poorer outcomes.

*Drug and Alcohol Review, 29*

Negative Impacts of Stigma & Discrimination

- Even when people do get treatment, discrimination can continue and contribute to poor treatment outcomes
Negative Impacts of Stigma & Discrimination

- Even within recovery communities, stigma exists

Negative Impact of Stigma & Discrimination

- Funding for substance use disorder treatment is challenging.
Negative Impact of Stigma and Discrimination

• People in recovery are often under suspicion even after being in recovery for years

The Science of Substance Use Disorder and Recovery
The Impact on the Brain Structure
Substance Use Disorder - The New Definitions

The American Society of Addiction Medicine characterizes addiction as a “primary, chronic disease of brain reward, motivation, memory and related circuitry.”

The National Institute on Drug Abuse defines addiction as a ‘chronic, relapsing brain disease’ that changes the structure and functionality of the brain.

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20

Substance Use Disorder

1. Compulsive non-medical use of a substance
2. Loss of control over its use
3. Continued use despite negative consequences
Initial Substance Use -
Why People Start in the First Place

To feel good

To feel better

To do better

Curiosity

Is Substance Use Voluntary?

1. Initial decision to take a substance can be voluntary

2. After time—substance use takes over and self-control becomes impaired

3. Physical changes in the areas of the brain that are critical to:

   - Judgment
   - Decision making
   - Learning
   - Memory
   - Impulse control
Substance Use Disorder

Not Just Tolerance
• Reduced drug effect with repeated administration of the same dose of a drug, or need for an increased dose to maintain the same level of effect

Not Just Physical Dependence
• When drug cessation produces pathologic symptoms and signs

Dopamine

A neurotransmitter present in these regions of the brain that regulate:
• Movement
• Emotion
• Cognition
• Motivation
• Pleasure
Overstimulation of this system, which rewards our natural behaviors, produces the euphoric effects sought by people who use drugs and teaches them to repeat the behavior.

Whenever this reward circuit is activated, the brain notes that something important is happening that needs to be remembered.

It teaches people to do it again and again without even thinking about it.

**Stronger than Natural Rewards**

- Drugs release from 2 to 10 times the amount of dopamine.
- Drugs that are smoked or injected get the increase immediately.
- Effects last much longer.
- The effect of such a powerful reward strongly motivates people to take drugs again and again.
- Results in a decrease in the natural rewards effects such as eating or sex.
- The brain learns to do this very well.
Long-Term Use Impairs Brain Functioning

The brain adjusts to the overwhelming surges in dopamine by producing less dopamine or reducing the number of receptors

Dopamine's impact on the reward circuit of a substance users brain becomes abnormally low

The ability to experience any pleasure becomes drastically reduced

This manifests in the feeling of being flat, lifeless and depressed

The brain now needs the substance to bring the dopamine level back to normal

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20

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Tolerance

- A person who has been using substances over time will now need to use an increased amount of those substances in order to create the dopamine high

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20
**Withdrawal**

*Drug withdrawal* is the group of symptoms that occur upon the abrupt discontinuation or decrease in intake of medications or recreational drugs.

In order to experience the symptoms of withdrawal, one must have first developed a physical or mental dependence.

*Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20*

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**Cravings**

Long term substance use can trigger adaptations in habit or non-conscious memory systems.

Conditioning is one example of this type of learning.

Environmental cues become associated with the drug experience and can trigger uncontrollable cravings if the individual is later exposed to those cues even without the drug being available.

This is a learned reflex and can emerge even after many years of abstinence.

*Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20*
Long-Term Effects-Behavioral

- Intense impulses to take substances
- Cognitive impairment
- Memory
- Erodes self-control
- Less capacity to make sound decisions

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20

Substance Use Disorder is a Medical Condition

- It is preventable
- It is treatable
- It changes biology (organ function)
- If untreated, it can last a lifetime

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20
Scientists Use Different Research Methods

- Positron Emission Tomography (PET Scans)
- Magnetic Resonance Imaging (MRI)
- Single-photon Emission Computed Tomography Imaging (SPECT)

• Pet Scan

Comparison of a Normal Brain to One with Long-Term Cocaine Use

*Drugs, Brains, and Behavior: The Science of Addiction*, National Institute on Drug Abuse, 2018, July 20
• MRI
Comparison of a Moderate Drinker to One with Long-Term alcohol Use

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20

• MRI Comparison of a Normal Brain to one with Cocaine Use

Low dopamine D2 receptors may contribute to the loss of control in cocaine users.

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20
Additional Research Findings

Scientists have also found that chronic drug use alters the brain’s anatomy and chemistry.

These changes can last for months or even years after the individual has stopped using the substance.

This transformation may help explain why a person with substance use disorder is at a high risk of symptom recurrence.

Even after long periods of remission, symptoms can reoccur and the individual persists in seeking drugs despite the known consequences.
Key Concept

The parts of the brain that have become changed from the substance override the factual memory storage (hippocampus) and logical reasoning (prefrontal cortex).

Thus behavior (e.g., repeated relapses) that “flies” in the face of logic now makes sense.

www.nida.nih.gov
The Science of Healing

Neuroscience and Recovery

Technology allows scientists, and us, to “see” where substance use disorder starts.

Technology allows scientist & us to “see” that the brain can heal.
Methamphetamine Recovery-14 months

Normal Control  METH User (1 month detox)  METH User (14 months detox)

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20

Cocaine Recovery-100 days

NORMAL BRAIN ACTIVITY  COCAINE ABUSER 10 days abstinent  COCAINE ABUSER 100 days abstinent

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20
Heroin Recovery-12 Months

The addicted brain shows distinct changes which do improve with continued cessation of drug use.

NORMAL  ACTIVE HEROIN USE  1 YEAR DRUG FREE

Drugs, Brains, and Behavior: The Science of Addiction, National Institute on Drug Abuse, 2018, July 20

Why are we still shaming individuals with a medical condition?
The Brain can Heal - People do Recover

- Over 20 million people are in recovery in the United States.

- Today, people are making substantial progress from active substance use disorder through treatment and recovery, and success rates can be compared with that of other chronic, relapsing conditions, such as asthma, diabetes, and hypertension.

Words Matter
Changing the Way We Speak about Substance Use Disorder
Protest any Labels that Turn People into Things

Words are important. If you want to care for something, you call it a ‘flower;’ if you want to kill something, you call it a ‘weed.’

How Powerful is Language?

• Elicit deep feelings
• Words carry action
• Defines the nature of relationships
• Calls up a host of imagery

*A way to persuade others to see things from a different viewpoint

www.growanything.com
Imagery of a Drug Addicts & Alcoholics

Crehab.org

Images of People in Long-Term Recovery

2018 America Honors Recovery Event
What are some words or phrases you have heard that perpetuate stigma around substance use disorder?
Reasons for Changing the Language

- Helps individuals regain self-worth
- Treats individuals with dignity and respect
- More people may come and ask for help
- Allow lawmakers to appropriate more funding
- Help the public to understand this is a medical condition as real as any other

A Brief History

- Many derogatory terms were championed throughout the “war on drugs” in an effort to dissuade people from misusing substances.
- Education took a backseat—little was know about the science of addiction.
- The language should be changed to reflect today’s greater understanding of the science of substance use disorder and the impact on the brain.
Blazing the Trail: The Recovery Language Movement

“People with eating related conditions are always referred to as “having an eating disorder” never as “food abusers”. Dr. John Kelly

So why are people with substance related conditions referred to as substances abusers” and not as “having a substance use disorder”?

Dr. John Kelley-Recovery Research Institute
Enhancing Recovery Through Science: The Recovery Research Institute

From the Mental Health Community

<table>
<thead>
<tr>
<th>Marginalizing Language</th>
<th>Replacement Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenic</td>
<td>Person with Schizophrenic Disorder</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>Not in agreement with a treatment plan</td>
</tr>
<tr>
<td>Suffering from</td>
<td>Has a history of</td>
</tr>
<tr>
<td>Low functioning</td>
<td>Has difficulty with</td>
</tr>
<tr>
<td>Refused/Declined</td>
<td>Said no</td>
</tr>
<tr>
<td>Resisted</td>
<td>Chose not to</td>
</tr>
<tr>
<td>Manipulative</td>
<td>Seeking alternative methods of meeting needs</td>
</tr>
</tbody>
</table>
Language Practice

Clean and Sober

How does this phrase potentially increase stigma?

What does it imply?

Who does it eliminate?

Replacement Suggestions

• The word clean raises the image of a “dirty addict.”

• It implies that one was once “dirty” and unacceptable.

• The word sober does not imply joy or happiness that one experiences in recovery.

• This is language specific to 12 step recovery and eliminates other pathways.

Replacement Term: In recovery from substance use disorder
Language Practice

Drug Habit

- How does this phrase potentially increase stigma?
- What does it imply?
- Who does it eliminate?

*Enhancing Recovery Through Science: The Recovery Research Institute*

Language Practice

Calling substance use disorders a habit denies the medical nature of the condition and implies that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior.

*Replacement Term:* Substance Use Disorder.

*Enhancing Recovery Through Science: The Recovery Research Institute*
Progress

• Individuals and organizations are adopting the new language nationally

• Organizations are changing their names to remove marginalizing language

• Marginalizing language has been removed from DSM-5

Join the Movement
Language change tips for your organization
Join the Language Movement-Tip One

- Perform an organizational “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language.

Join the Language Movement-Tip Two

Critically reflect on the types of information you choose to disseminate.

- What is the source of the message? Is it reputable? Do you trust this source?

- Does the message contain information that is grounded in research and/or evidence-based? If not, what is the basis for the claims?
Join the Language Movement-Tip Three

Every time you develop a substance use disorder, prevention or recovery message, consider it as an opportunity to dispel myths and convey respect.

- Who is my intended audience, and how can I use language to reduce stigma when communicating with this group?
- Am I correcting negative attitudes held by potential allies?

Join the Language Movement-Tip Four

- Focus on the inadvertent ways that staff may be perpetuating stigma in day-to-day conversation.
- Ask them to think about the perceptions they hold of people with substance use disorders and the words and language they use in discussing individuals or cases.
- How can they explore alternative language?
- How can they adopt this alternative language?
What Now?

Ways to Make Change

- **Education** about essential nature of these conditions; but also stress that treatment and recovery supports help sustain remission, and a majority of people make full recoveries and have productive lives.
Ways to Make Change

• **Personal witness** (putting a face and voice on recovery)

Ways to Make Change

• **Change our language/terminology** to be consistent with the nature of the condition and the policies we wish to implement to address it
Who Stigma Affects

- Individuals with substance use disorder
- Their families
- Their friends
- Their employers
- Health care providers
- Society as a whole

My Story
Simple Steps to Make Change - Individual

- Offer compassionate support
- Display kindness to people in vulnerable situations
- Listen while withholding judgement
- See a person for who they are not what substances they use

Simple Steps to Make Change - Individual

- Avoid hurtful labels
- Remember you don’t know the back story
- Treat people with substance use disorder with dignity and respect
- Speak up if someone is being discriminatory or treating someone with substance use disorder with disrespect
Simple Steps to Make Change-Educational

- Know the facts about substance use disorder
- Research your local resources
- Tell others of the facts
- Tell others of the science
- Replace negative attitudes with evidence-based facts

On a Community Level

- Participate in the annual recovery month in September, sponsored by the Substance Abuse and Mental Health Services Administration
- Events take place all over the country to encourage the idea that substance use disorders are a serious problem, and people who are experiencing it are not alone
On a Community Level

• Encourage equality between physical medical conditions and substance use disorders.
• Let media know when they are being stigmatizing
• Work with organizations like local substance abuse prevention coalitions and providers, NAMI, Peer Support Coalitions, Social media campaigns, etc.
• Invite individuals in recovery to all the tables

Final Words

• Nationwide, 1 in every 3 households is affected by substance use disorder in some way.
• Regardless of whether you or your loved one is experiencing substance use disorder, it is on everyone to offer support and encouragement for those who are affected by this medical condition.
• We can all help spread the word of recovery, to show people that it works, that there is a solution, and that we never have to live that way again.
Thank you for being the Change

Resources

- American Addiction Center

- Faces & Voices of Recovery
  *Policy Position Paper on Discrimination*, Faces & Voices of Recovery, October 2011

- John Hopkins Bloomberg School of Public Health

- National Institute on Drug Abuse
  *National Institute on Drug Abuse (NIDA)-Drugs, Brains, and Behavior: The Science of Addiction*

- Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery Research Institute
  www.samhsa.gov

- Society for the Study of Addiction
  *The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review*
References

- Johns Hopkins HUB. (October 1, 2014). DDrug addiction viewed more negatively than mental illness, Johns Hopkins study shows.

References

References

• Stigma. (n.d.). Encyclopedia of Substance Abuse Prevention, Treatment, & Recovery. doi:10.4135/97814141296450.n298
• Stigma. (n.d.). Encyclopedia of Substance Abuse Prevention, Treatment, & Recovery. doi:10.4135/97814141296450.n298
• "Why Addiction is a "Disease", and Why It’s Important". (n.d.). Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/02_webcast_2_resources.pdf