

Addressing the Stigma Around Addiction

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As we confront the health disparities that are exacerbating the opioid crisis and health consequences associated with it, ranging from fatal overdose to spread of infectious diseases like HIV and hepatitis C, it is increasingly important that we confront the issue of stigma. Stigma is one of the main factors standing in the way of delivering needed care to the nearly 20 million people in the U.S. with substance use disorders. It prevents them from receiving needed treatment in medical settings—especially a concern in the current COVID-19 pandemic, when healthcare resources are strained (Volkow, *Ann Intern Med.* 2020). It also causes those individuals to avoid seeking treatment in the first place, because they expect to be mistreated or ignored.

Stigma attaches to sufferers of many health conditions, but it is particularly intense and powerful around people with drug and alcohol problems. Because drug-taking is viewed as a free choice, people with substance use disorders are widely seen as having brought their troubles on themselves through lack of self-control and moral weakness. Even when caregivers understand that addiction is a disease, it can be hard to show compassion when an individual's drug problem leads them to lie or steal to support their addiction.

In a recent Perspective in *The New England Journal of Medicine*, NIDA Director Dr. Nora Volkow argues that stigma plays a more central role in sustaining a substance use disorder than it might in other conditions (Volkow, *N Engl J Med* 2020). She cites recent research in the lab of NIDA scientist Marco Venniro showing not only that animals will choose social interaction over drugs even if they are drug-dependent—something that had long been known from research in the power of isolation in promoting drug use—but that when animals are punished somehow for their social choice, they will revert to self-administering the drug (Venniro, 2018).

This suggests to Dr. Volkow that enduring stigma—such as being turned away from emergency care on the assumption that the individual

is drug-seeking, or enduring other forms of humiliation as an “addict”—may act as a punishment spurring further drug use. People use drugs to alleviate social pain such as the pain of isolation and rejection. Thus, the discrimination and rejection of society toward the individual with a drug problem may become part of the vicious cycle of their disorder.

Promoting the awareness of addiction as a disorder with a neurobiological basis encourages addressing it as a medical condition and thus is crucial for expanding the reach of effective medical treatments and increasing the support for such treatments. By itself, however, increased scientific education may not reduce stigma by the wider public. The most effective approaches in reducing stigma around mental disorders are those that promote interaction between the affected group and others, for instance by working toward a common goal (Corrigan, 2018). Such interventions break down the barriers to identifying with, and thus feeling compassion toward, people who have mental illness and substance use disorders.

But short of active interventions, considerate use of language can be one important way of breaking down barriers and promoting identification. Research by Dr. John F. Kelly at Harvard has shown that word choice powerfully influences people's perception of individuals with substance use disorders. In a series of studies, Kelly found that mental health and addiction professionals more likely to favor punishment (a jail sentence) over treatment when subjects in case vignettes were described as “substance abusers” than when they were described as having a “substance use disorder” (all of the other language being the same) (Kelly, Dow, 2010; Kelly, Westerhoff, 2010).

Person-centered language (“person with a substance use disorder” or “person in recovery”) avoids reducing the individual to their disorder. Unfortunately, not only health professionals and people in law enforcement but even people in treatment and recovery continue to use stigmatizing language such as “addict,” “abuser,” and “alcoholic,” and to describe being drug-free as being “clean.” It is important that we move beyond these terms and the essentializing and blaming mode of thinking

they activate. As part of its NIDAMED resources for healthcare professionals, NIDA has compiled a set of guidelines for communicating about substance use and addiction in a non-stigmatizing way.

Uncareful use of language can reinforce a moralizing mindset, even when terms are not directly stigmatizing. Describing people who use drugs as “getting high,” is one example. Initial or infrequent substance use produces euphoria, but the brain changes in addiction cause reduced ability to feel pleasure from the substance or anything else; the primary motivation of the individual with addiction is often to temporarily escape the lows of withdrawal, not to feel euphoric. Given that the judgment and moralizing directed at people with substance use disorders arises from the belief that they have willfully forsaken their responsibilities for the pursuit of pleasure, we must be careful not to automatically characterize addiction as a pursuit of the drug high.

Especially during the COVID-19 pandemic, when social distancing is enhancing everyone’s isolation and creating special difficulties for those in addiction treatment or in recovery (Volkow, 2020), it is incumbent upon providers and counselors who work with people who have substance use disorders that they continue to treat these individuals with dignity and worth, and take care not to reinforce what may already be a diminished self-concept due to their condition. It is especially important to set an example for others, for instance through the language they use when referring to people with drug or alcohol problems. As counselors and as members of a society where ten percent of people will have a substance

use disorder at some point in our lives, we must recognize ourselves in the suffering individual, and vice versa.

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