

Issue Brief 5: Stigma, Health Outcomes and Why “Words Matter”

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Purpose:

The Barnstable County Department of Human Services is producing a series of issue briefs for the Regional Substance Abuse Council that present information on topics related to substance use. This issue brief discusses stigma as it relates to substance use, its effects on people with substance use disorder, and the ways in which stigmatizing language can perpetuate barriers to treatment and recovery.

What is Stigma?

Stigma is generally understood as the disapproval or disgrace of a person/group of people who are perceived as negatively different from a cultural norm. When speaking specifically about health-related stigma, it is more specifically the process in which groups are devalued, rejected, and excluded on the basis of a health condition.¹

While stigma extends to mental health status, race, ethnicity, medical diagnoses, and others, attitudes toward people with substance use disorders have been shown to be some of the most highly stigmatized.²

Types of Stigma

Stigma related to substance use is generally categorized into three types: self-stigma, social stigma, and structural stigma. Self-stigma occurs when a person’s experiences and perceptions of negative, stigmatizing reactions becomes internalized, causing lowered self-esteem and agreement with harmful stereotypes.³

¹ Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction (Abingdon, England)*, 107(1), 39-50.

² Rao, H., Mahadevappa, H., Pillay, P., Sessay, M., Abraham, A., & Luty, J. (2009). A study of stigmatized attitudes towards people with mental health problems among health professionals. *J Psychiatr Ment Health Nurs*, 16(3), 279-284.

³ Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis. *Soc Sci Med*, 71(12), 2150-2161.

Social stigma occurs on a larger scale, when groups of people or even populations accept stereotype and act against a stigmatized people in reaction to this belief. A social stigma can be based on a false idea, such as viewing addiction as a choice or moral failing.

Structural stigma is enacted through both the policies and procedures as well as individual actions in institutions that can restrict opportunities for people who are stigmatized.¹ An example of structural stigma might be a policy excluding a person from certain substance use treatment services if they are also receiving a medication-assisted treatment such as methadone.

The Effects of Stigma

Physical Health Outcomes: Research has shown a strong connection between stigmatization of marginalized groups and poor overall physical health – this is also true for stigma related to substance use disorders and has been associated with a number of causes.

One cause for poorer physical health outcomes among stigmatized groups is a difference in the quality of care that a person receives. Some of the most commonly identified stigma among healthcare providers include beliefs that people with substance use disorders “overuse system resources, are not vested in their own health, abuse the system through drug-seeking and diversion, and fail to adhere to recommended care”.⁴

This type of stigma associated with people with substance use disorders has been noted to effect the quality of care received by patients. One study found that “health professionals have ... less personal engagement and diminished empathy in the delivery of healthcare” to persons with substance use disorder.⁵

Additionally, these stigma may act as an initial barrier to accessing medical care as patients wish to avoid the experience of being stigmatized, meaning that people with substance use disorders are less likely to attempt to access medical care, even in serious situations. This is

⁴ Semple, S. J., Grant, I., & Patterson, T. L. (2005). Utilization of drug treatment programs by methamphetamine users: the role of social stigma. *Am J Addict, 14*(4), 367-380.

⁵ van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review. *Drug Alcohol Depend, 131*(1-2), 23-35.

especially dangerous among people who are already engaging in risky behaviors such as needle sharing.⁶

Attempts to avoid stigma increase secrecy and concealment among people with substance use disorders since they do not wish to be associated with the stigmatized group. A failure to disclose substance use in medical settings can result in additional negative medical consequences. In particular this is noted among pregnant women.⁷

In one study looking at pregnant women accessing prenatal care, women reported that they expected psychological, social, and legal consequences from being identified as actively using substances. These consequences included feelings of maternal failure, judgment by providers, and reports to Child Protective Services. They also reported that did not trust providers to help them with these consequences and as a result “avoided and emotionally disengaged from prenatal care”.⁸

Substance Use Treatment Outcomes: The effects of stigma are especially harmful among people with substance use disorders who inject drugs. Concern at being identified as an injection drug user was found to be a significant deterrent to accessing substance use treatment and harm reduction services. Avoidance of services and education about risky behaviors is linked to an increases in the harmful behaviors associated with injection drug use, such as needle sharing.⁶

Stigma may make a person less likely to engage in services at all, and less likely to ask for help in order to avoid being identified with the stigmatized group.⁹ People who experience and perceive stigma while in treatment have lower completion rates of substance use treatment programs than their peers who do not report high levels of stigma.

Stigmatization of certain substance use treatment services, including medication-assisted treatment (MAT) and needle exchanges, also occurs. Though these services have strong

⁶ Simmonds, L., & Coomber, R. (2009). Injecting drug users: a stigmatised and stigmatising population. *Int J Drug Policy*, 20(2), 121-130.

⁷ Henderson, S., Stacey, C. L., & Dohan, D. (2008). Social stigma and the dilemmas of providing care to substance users in a safety-net emergency department. *J Health Care Poor Underserved*, 19(4), 1336-1349.

⁸ Roberts, S. C., & Nuru-Jeter, A. (2010). Women's perspectives on screening for alcohol and drug use in prenatal care. *Womens Health Issues*, 20(3), 193-200.

⁹ Simmonds, L., & Coomber, R. (2009). Injecting drug users: a stigmatised and stigmatising population. *Int J Drug Policy*, 20(2), 121-130.

evidence bases and have demonstrated effectiveness, many treatment and healthcare providers do not offer these services or refer clients to them.

Many organizations whose services are likely to benefit patients with substance use disorders (such as long term residential substance use treatment and sober housing) have policies that do not permit admission of patients currently using medications such as methadone or buprenorphine. Additionally, many substance use treatment services have policies that will not allow them to work with clients who may be actively using substances or engaging in harm reduction services.¹⁰ These policies act as a barrier to accessing treatment.

Outcomes in the Family: Stigma also effects family members of people with substance use disorders. One study found that family members are more likely to be blamed for the onset of substance use disorders and relapse than family members of people with other medical and behavioral health conditions such as emphysema and schizophrenia. Family members were also more likely to be avoided socially by people who are aware of their family member with a substance use disorder. Additionally, studies have shown that approximately one-quarter of family members reported strained and distant relationships with extended family and/or friends because of a relative with a behavioral health issue.¹¹

Why “Words Matter”

The often-repeated saying “words matter” serves to emphasize that the use of language is important in framing public discourse and can impact health outcomes.

Public Perception: Public perceptions are often informed by media representations of people with substance use disorders.¹² In one study looking at public perception people with substance use disorders were viewed as dangerous, blameworthy, anger-arousing, less worthy of help, and were likely to be avoided. These highly negative public perceptions are a direct cause of self-stigma. Self-stigma is associated with a number of harmful treatment outcomes, including an increase of psychiatric symptom severity (especially anxiety) and a lack of

¹⁰ Anstice, S., Strike, C. J., & Brands, B. (2009). Supervised methadone consumption: client issues and stigma. *Subst Use Misuse*, 44(6), 794-808.

¹¹ Corrigan, P. W., Watson, A. C., & Miller, F. E. (2006). Blame, shame, and contamination: the impact of mental illness and drug dependence stigma on family members. *J Fam Psychol*, 20(2), 239-246.

¹² Myers, B., Fakier, N., & Louw, J. (2009). Stigma, treatment beliefs, and substance abuse treatment use in historically disadvantaged communities. *Afr J Psychiatry (Johannesburg)*, 12(3), 218-222.

adherence to prescribed substance use treatment.³ As noted above, lack of adherence to treatment can reinforce the stigma among healthcare professionals.

The use of pejorative language has also been identified as a cause of stigma and negative public perceptions of people with substance use disorders. According to one author, “language frames what the public thinks about substance use and recovery, and it can also affect how individuals think about themselves and their own ability to change. But most importantly, language intentionally and unintentionally propagates stigma.”¹³

Need for Positive Communications Strategies: While there is a strong evidence base showing the harmful effects of stigma in many domains, there is less research on how these effects can be reduced. Current research shows that communication strategies that promote positive stories and allow people to have personal interactions with people in recovery from substance use disorders work best in improving the attitudes of the general public towards people with substance use disorders.¹

In order to reduce the harmful effects of pejorative language, research suggests the use of language “that respects the worth and dignity of all persons (“people-first language”), that focuses on the medical nature of substance use disorders and treatment, promotes the recovery process, and avoids perpetuating negative stereotypes and biases through the use of slang and idioms” will be most beneficial to the reduction of stigma.¹³

In recognition of the importance of language use in stigma reduction, many state and national campaigns have recognized the importance of using non-pejorative language. In Massachusetts, the State Without StigMA campaign encourages people to learn more about addiction and recovery and avoid using harmful language in order to reduce stigma.¹⁴

Conclusion:

Research and practice show that there are many negative effects associated with the stigmatization of people with substance use disorders. Stigma serves to isolate persons struggling with addiction and contributes to their difficulty in seeking, receiving, and succeeding in treatment and recovery. Use of stigmatizing language in private and in the public spheres of discourse and the media serve to reinforce and extend the stigma already in place. By working

¹³ Broyles, L. M., Binswanger, I. A., Jenkins, J. A., Finnell, D. S., Faseru, B., Cavaiola, A., Gordon, A. J. (2014). Confronting inadvertent stigma and pejorative language in addiction scholarship. *Subst Abus*, 35(3), 217-221.

¹⁴ Massachusetts Department of Public Health – State Without StigMA Campaign.

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to reduce these stigma and creating a more informed community, we can work toward improving access and outcomes in healthcare and substance use treatment.

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