

Reducing Stigma



There is a deeply entrenched view in our society that addiction is a choice, a moral failing, and an indicator of personal weakness. Despite a significant body of research about how addiction develops, why it persists, and how it can best be managed, stereotypes and misunderstanding of the disease endure. The longstanding stigma associated with addiction is unmatched by most other diseases and pervades attitudes among the public, policymakers, health care providers, criminal justice professionals, and even people who suffer from the disease. Many people do not seek or receive the help they need because they have a legitimate fear that disclosing their addiction can jeopardize their parental rights, job, housing, personal relationships, or educational prospects.

Examples of stigma/misunderstanding about addiction:

- Drug addiction is a weakness or moral failing
- Naloxone (Narcan) promotes drug use
- Medications for opioid addiction (methadone, buprenorphine) substitute one addiction for another
- In order to get help, a person has to want it
- A person must first “hit rock bottom” before treatment can be effective
- Relapse indicates treatment failure
- Using addictive substances while in treatment justifies being kicked out of a treatment program

1 in 3 adults believe addiction is a moral failing¹

30% believe there is no treatment for addiction; 35% don't know whether treatment exists¹

Stigma prevents 25% of people with a perceived treatment need from seeking care²

When stigma, rather than current science, influences policy and practice, they are ineffective and often counter-productive. This is why stigma has been a formidable barrier to adopting effective solutions rooted in science and human compassion.

Key Recommendations for Reducing Stigma:

- Adopt a public education campaign to undo centuries of misunderstanding and bias against individuals with addiction
- Provide training and supports for the health care system to treat addiction as a disease
- Educate and train non-health care professionals (e.g., educators, law enforcement, and criminal justice personnel) who interact regularly with people at risk for addiction or who have addiction
- Require and enforce standards to provide evidence-based addiction care
- Adopt health-promoting policies in the workplace to raise awareness and support workers and their family members struggling with addiction
- Eliminate imprecise and pejorative terms from our language (addict, junkie, abuser, habit, clean/dirty) and instead adopt terms that reflect a health perspective and are consistent with terms used to describe other health conditions (e.g., ‘person with addiction/substance use disorder’)
- Ensure that all addiction-related policies are informed by science and supported by data

Sources:

1. POLITICO/Harvard T.H. Chan School of Public Health. (2018). *Americans' views on policies to address prescription drug prices, the opioid crisis, and other current domestic issues*. Retrieved from <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2018/07/Politico-Harvard-Poll-July-2018-Rx-Drug-Prices-Opioids-Farm-Bill.pdf>.
2. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2017). *2016 National Survey on Drug Use and Health: Detailed Tables*. Substance Abuse and Mental Health Services Administration, Rockville, MD.

