

California Opioid Safety Network
Key Strategy: Reducing Addiction Stigma
September 2018

What does the public believe?

While Americans' awareness of the effects of opioid use has increased in the last four years, a recent study showed **44% of Americans** believe opioid addiction indicates a lack of willpower or discipline, and a third regard it as a character defect or the result of bad parenting.¹ Despite this view, another recent poll found that a majority of Americans believe that those addicted to painkillers have an illness (53%), and that those found to possess prescription painkillers or opioids obtained without a prescription should receive treatment (65%) rather than be incarcerated (28%).²

What do providers believe?

Studies have indicated that health-care providers may hold negative perceptions about people with substance use disorders, including that people with substance use disorders overuse resources, are not vested in their personal health, fail to adhere to recommended care, and abuse the system through drug-seeking and diversion.³ These perceptions can contribute to inequitable care for people with disorders like opioid use disorder, and individuals may choose to conceal their substance use problems to avoid stigma, which may result in care that does not attend to substance use-related needs.

Why does this matter?

Many experts see the need to reduce stigma as a key element to making progress in the overall fight against opioid addiction. Former Surgeon General Vivek Murthy spoke out against doctors' reluctance to prescribe buprenorphine and other drugs approved to treat opioid use disorder. In a public letter Murthy stated: *"We can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing."*

What can coalitions do?

Helping communities understand that addiction is a disease and not a moral failing or sign of bad character can help increase support for harm-reduction strategies such as naloxone distribution and needle exchanges as well as increase access to addiction treatment.

Many coalitions in California have hosted awareness days, walk-a-thons, press events, billboards and other tactics to raise awareness and educate about opioids with messages that also combat addiction stigma directly.

¹<http://www.apnorc.org/projects/Pages/HTML%20Reports/Americans-Recognize-the-Growing-Problem-of-Opioid-Addiction.aspx#most>

²<https://www.nejm.org/doi/full/10.1056/NEJMp1714529?query=TOC>

³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272222/>

States like Massachusetts, West Virginia, and others have employed state-sponsored media and public education campaigns to combat stigma and encourage people to seek treatment.⁴ Massachusetts' [State Without StigMA](#) campaign uses personal stories to promote access to treatment, and reduce shame and misconceptions associated with addiction.⁵

Key facts:

- Americans are three times more likely to think of opioid addiction as a national problem rather than a local one.⁶
- 58% of Americans would like to see a lessening of stigma towards people with opioid and heroin addiction.⁷
- Some harm reduction strategies have more support than others: While more than two-thirds of Americans support naloxone programs only 39% of Americans support needle exchanges, while 29% back safe injection sites.⁸
- In a [national study](#) negative attitudes against people with opioid addiction were correlated with lower support for harm reduction strategies.
- A [Pew survey](#) of US adults found that 46% have a close friend or family member who has been addicted to drugs.
- SUDs are preventable and treatable, and brain scans show that once an individual is in recovery, brain tissue can get better.⁹
- Drug use can escalate to a disorder rapidly or slowly based on a person's risk factors, as well as what substances they are using.¹⁰
- Opioid use also puts a person at risk for contracting diseases such as HIV and Hepatitis C. In rural Indiana, [a 2015 HIV outbreak](#) showed just how important harm-reduction strategies such as needle exchanges can be.

Anticipated questions:

People with opioid use disorder are a drain on society. Should we really invest in their recovery when they so often relapse?

Opioid medications were heavily marketed and promoted as safe and risk-free medications to doctors starting in the 1990's. Over-prescribing was the norm for so many years that the effects of opioid use have spread nationwide. Many of those addicted to opioids are our neighbors, our loved ones, and people who are otherwise high-functioning. If someone develops an opioid use disorder, they need help sooner rather than later to get back on track to living a life free of opioids.

⁴<http://dhhr.wv.gov/bph/Documents/ODCP%20Response%20Plan%20Recs/Opioid%20Response%20Plan%20for%20the%20State%20of%20West%20Virginia%20January%202018.pdf>

⁵<https://www.samhsa.gov/capt/sites/default/files/resources/media-messaging-reduced-opioid-misuse-northeast.pdf>

⁶<https://lagunatreatment.com/perceptions-of-addiction/>

⁷<http://www.apnorc.org/projects/Pages/HTML%20Reports/Americans-Recognize-the-Growing-Problem-of-Opioid-Addiction.aspx#most>

⁸<https://www.jhsph.edu/news/news-releases/2018/public-support-for-needle-exchange-programs-safe-injection-sites-remains-low-in-US.html>

⁹<https://www.addictionpolicy.org/addiction-series-episode-1>

¹⁰<https://www.addictionpolicy.org/addiction-series-episode-2>



Isn't the only way to deter opioid use to criminally punish addicts?

Many people with opioid use disorder are not in control of their actions. Law enforcement is an important partner in preventing opioid deaths, but decades of the “war on drugs” have shown that past tough-on-crime approaches were counterproductive. Partners in law enforcement agree that “we can’t arrest our way out of the opioid epidemic.”¹¹

Given the relapse statistics, aren't we just delaying the inevitable?

People have different risk factors that make them more vulnerable to developing opioid addiction. These can be environmental, such as poverty or exposure to trauma, or individual, such as genetics or the age of first use. Opioid use changes a person’s brain, but brains can heal from the effects of opioid use. Medication-assisted treatment (MAT) has been proven effective in preventing relapses, although some may need to approach it many times before recovering from addiction.

Resources:

- [“Addiction Neuroscience 101” video](#) featuring Dr. Corey Waller – offers a simple but in-depth explanation on addiction’s effect on the brain.
- [“Words Matter: How Language Choice Can Reduce Stigma”](#) publication from SAMHSA.
- [“The Addiction Series”](#) animated videos from the Addiction Policy Forum with science-based information intended for the general public.
- [“Addiction is a disease. My drug-addicted parents showed me that”](#) editorial from the Washington Post.
- [“Everything you know about addiction is wrong”](#) video with Johann Hari from TED.
- Coalition Example: [“Feel Better”](#) brochure from SafeRx Santa Cruz County.

¹¹<https://nj.gov/oag/newsreleases18/pr20180627a.html>