

HCS Media Backgrounder: Stigma

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BACKGROUND: HOW STIGMA SABOTAGES TREATMENT

Opioid use disorders that are untreated, undertreated, or inappropriately treated contribute to tens of thousands of overdose deaths every year and affect the lives of many more. Healthcare already has effective medications and other tools that could prevent many of these deaths, but they are not being utilized widely enough, and many people who could benefit do not even seek them out. This is due in large part to stigma: The public—and even many in medicine and the justice system—continue to view addiction as a result of moral weakness and flawed character.

This stigma against people who use drugs continues to sabotage access to effective treatment. Decades of research have demonstrated that drug use alters brain circuitry, which over time hijacks a person's ability to stop taking drugs, leading to irrational drug seeking. In addition, behaviors related to the desperate needs of addiction reinforce old, incorrect assumptions about personal responsibility, and the false belief that willpower should be enough to stop drug use. Those who have experienced addiction in their families know that it leads to individual behavioral changes that defy societal norms, making compassion challenging, even for loved ones trying to help.

Research tells us that this external stigma becomes internalized by the patient, and the resulting social isolation can encourage further drug taking. If stigma reduces social connectedness and promotes discrimination toward the person who is addicted, then it will contribute to the cycle of drug taking and interfere with treatment.

EDUCATING THE PUBLIC ABOUT ADDICTION AS A BRAIN DISEASE.

To counter stigma, it is important to promote awareness of addiction as a chronic relapse and treatable brain disease. There are good models

for this change of thought. Historically, stigma has been a problem with many chronic health conditions ranging from cancer and HIV to many mental illnesses. Some gains have been made in

STIGMA AGAINST MEDICATION: A NATIONAL ACADEMIES OF SCIENCES REPORT

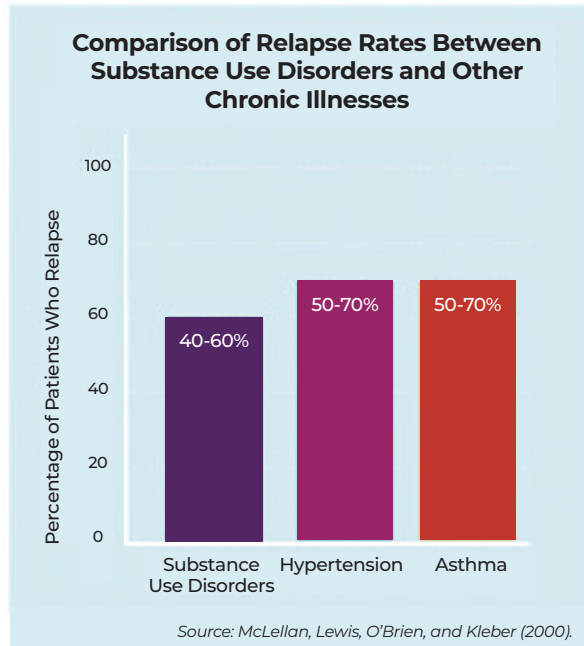
A 2019 review by the National Academies of Sciences reports that less than 35% of adults with opioid use disorders had received treatment in the past year, and only 6% of substance use facilities offered all three FDA-approved medications. There is some public concern about methadone and buprenorphine in particular—medications that activate the brain's opioid receptors. Attitudinal surveys and information collected from professional groups showed a high level of misinformation and stigma related to these medications, despite their proven effectiveness. There is a perception among many that these medicines simply substitute one drug for another, and potential prescribers worry about misuse (diversion) of these drugs.

However, the treatment dosage of these medications does not produce euphoria; the dosage restores balance to the brain circuits affected by addiction and allows the patient's brain to heal while working toward recovery. The report notes that methadone diversion rates in the United States have been declining by 13% each year since 2011, and the rates of both misuse and diversion decline as buprenorphine availability increases.

Source: National Academies of Sciences, Engineering, and Medicine (2019).

reducing stigma around certain conditions; for example, public education and widespread use of effective medications has demystified depression, making it somewhat less taboo now than it was in past generations. But little progress has been made in removing the stigma around substance use disorders and their FDA-approved medication treatments. People with addiction continue to be blamed for their disease, and the life-saving medication continues to be underutilized. If medication for opioid use disorder is withheld, or arbitrary time limits are set on the medication, patients might not be aware they are not being fully and properly treated.

Some societal criticisms of people who struggle



with addiction point to the “revolving door” of inpatient treatment. However, relapse rates for drug use are similar to rates for other chronic medical illnesses, such as asthma or hypertension. Simply put, if people stop following their treatment plan, which often involves taking medication, they are likely to relapse. Treatments for opioid use disorders, including medication, are designed to help with relapse prevention and to prevent death. Treatment of any chronic disease involves changing deeply rooted behaviors, and relapse

doesn't mean treatment has failed. When a person who has stopped using opioids or other drugs returns to drug use, it indicates that the person needs to speak with their health provider to resume treatment, modify it, or try another approach.

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