IJSRM
INTERNATIONAL JOURNAL OF SCIENCE AND RESEARCH METHODOLOGY
An Official Publication of Human Journals

Human Journals
Review Article
December 2021 Vol.:20, Issue:2

The Concept of Stigma Related to Substance Use

IJSRM
INTERNATIONAL JOURNAL OF SCIENCE AND RESEARCH METHODOLOGY
An Official Publication of Human Journals

Angella N. Fritz[1], Claire V. Bieber[1], Maria C. Rodriguez-Flores[1], Samuel P. Abraham[2*]

[1]Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA

[2]Associate Professor of Nursing, Bethel University School of Nursing, Mishawaka, Indiana, USA*

Submitted: 23 November 2021
Accepted: 28 November 2021
Published: 30 December 2021

Keywords: stigma related to substance use, substance use disorder, stigma reduction, stigma reduction in substance use, healthcare professionals, and substance use stigma.

ABSTRACT

Background: Stigma related to substance use disorder (SUD) is a key factor that impacts persons who use drugs (PWUD) to seek help. This stigma leads to stereotypes, including believing that those with SUD are dangerous, unpredictable, reckless, and manipulative. Healthcare professionals are partially at fault for causing a disparity between those who suffer from SUD and those who seek help when withdrawing. **Purpose:** The purpose of this review was to analyze the stereotypes people with SUD experience, and the ways healthcare professionals deal with the stigma affecting the individual. **Method:** This was a review of the literature, and it also includes case studies. **Findings:** Due to the stigma of believing it is the fault of those who use substances, providers and healthcare professionals end up treating patients poorly. The outcome of this results in patients mistrusting healthcare professionals, which decreases the chances of them seeking treatment**. Conclusion:** More research must be done to learn more about these stigmas and stereotypes to be able to educate the public and healthcare professionals about interventions, such as bias training and skill-building activities, improving nurse-patient communication, changing policies, and restructuring systems to break down stigma and empowering PWUD community to seek help and learn positive coping mechanisms. Covid-19 has inadvertently created a larger gap for PWUD to receive the help that they need and obtain the resources necessary for survival. PWUD have experienced an even larger health disparity because of the stress and fear that comes from this pandemic.

INTRODUCTION

The Centers for Disease Control and Prevention (CDC) assert SUD occurs when a person's use of drugs or alcohol results in health issues or problems in their work, school, or home life [1]. Addiction is not simply overcoming temptation through willpower alone. Recovering from addiction may require medication and different forms of therapy. Stigma not only hinders access to treatment and care delivery; it also attributes to the disorder on the individual level [2]. Stigma is defined as the social mischaracterization of individuals, which highlights a negative attribute [2]. Wogen and Restrepo [3] identified five types of stigmas. Within those five types, those most referred to in existing recent literature relate specifically to the focus from the perceptions by the public and perceptions from within the individual seeking treatment (see Figure 1).

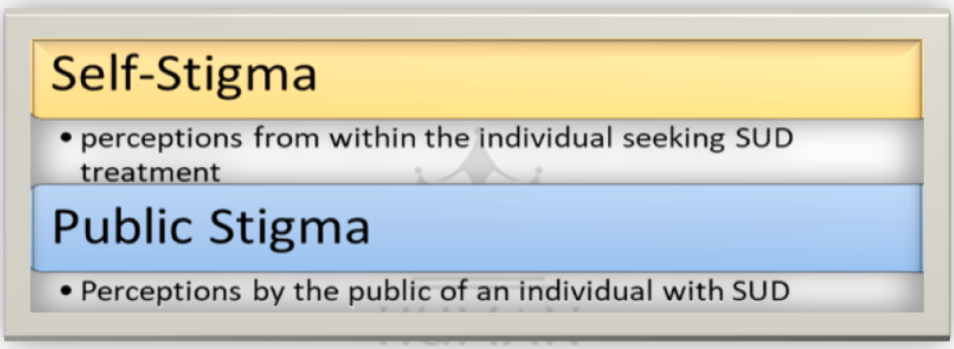


Figure no 1. Self-stigma and public stigmas are common among SUD individuals seeking treatment.

Among several types of stigmas, the greatest impact is noticed in healthcare-related to public stigma and personal or self-stigma. Public stigma is most easily apparent in a hospital setting since it is reflective of the greater collective community's feelings towards substance use [2]. These prejudices and discriminatory actions are founded on cognitive representations that "perceivers" have about persons with the stigmatized condition "targets," which elicit negative emotional and behavioral responses [3]. As a result of these prejudices, patient care can be affected, especially by those who unknowingly hold these views [4,5].

Public stigma is interrelated to self-stigma in that the public perception is internalized and manifests as prejudice or stereotyping. These personal stereotypes take shape against oneself or

with one's care by healthcare providers and reflect the stigmatized view often held by a larger cultural group [3]. Similar to public stigma, self–stigma can also lead to a reduced likelihood to seek treatment or trust medical professionals [3,4]. Additionally, because of perceived self-stigma, individuals requiring treatment can be otherwise discouraged from participating in their healthcare or seeking needed services or tests [6].

Although evidence-based treatments exist for those suffering from addiction, the number of people who suffer from addiction versus those who receive those treatments is considerably large [7]. One of the primary reasons this gap is large is because of stigma, such as the unspoken belief that willpower alone is enough for a person to stop. Healthcare professionals are not excused from this belief. They may hold stigmatizing views of people with addictions that may even lead them to withhold care [2]. As a result, perceived stigma in hospitals or doctors' offices can discourage people from accessing needed healthcare services which is particularly troubling since there is a prevalence in healthcare professionals displaying stigma towards patients suffering from mental health issues [6]. For this reason, we must analyze: What are the stereotypes people with SUD experience, and what are the ways healthcare professionals can reduce stigma related to substance use?

CASE STUDIES

During a meeting, the facilitator read a poem by an anonymous writer who wrote about their experience as a substance user by saying goodbye to their addiction. This poem had such an effect on the group that it brought most of the participants to tears. The facilitator then asked the group to take a few moments to write a letter, poem, or song about their experience using substances. A very small number of people shared why they started using their respective substances. Those who did share revealed some sort of trauma such as being victims of sexual assault, family problems, and family history of substance use. The majority could not get through the first sentence without crying. Repeatedly, many expressed how they feel judged or looked at differently because of their addiction.

Losing Credibility

A young individual conveyed her story as a recovering heroin addict. She shared that she had been in jail a while back and was currently on probation. Even though her weekly drug screens

were negative, they would accuse her of tampering with urine such as diluting it, bringing it from home, or that it is not warm enough. She feels that because of the way she looks and her history of heroin use, people often treat her differently. She feels like she lost credibility with everyone and cannot trust people. She feels that because of her history she cannot count on law enforcement or doctors and nurses to help her.

Alcohol Use and Relapse

A middle-aged, male individual shared his story of recovering from alcohol abuse. He indicated he previously consumed a fifth of Jack Daniels bourbon whiskey daily. He mentioned that he voluntarily brought himself in for treatment because he wanted to get better for his daughter. He described the ways his relationship with his daughter had changed because of his drinking. This was his motivation to get help and stay clean. He tried multiple times to stay clean for his family but relapses every time. He has been in and out of the recovery center because "life gets hard sometimes" alluding to the relapses. The patient stopped there and cried. Figure 2 illustrates trauma experienced by individuals in the case studies.

Figure no 2. Trauma experienced by individuals in the case studies.

Heroin Addiction and Safe Housing

A woman in rehab for heroin addiction shared her housing concerns. She asked for more time to stay at the rehab center and help to find a safe place to live because housing was not available to her. She shared that she had experienced maltreatment just weeks before while waiting for her court trial at the county jail. The reason for the trial was not disclosed by the patient. She expressed her feelings of fear being around men and unsafe housing because of being raped while in jail. The patient indicated that she felt like others didn't believe that she was raped and treated her like she was lying about her experiences to get sympathy or special treatment. She is also afraid she is going to be assaulted again and is desperate for housing specific to women. At the time, there were no open spots for housing for women. Upon receiving the news, she shut down.

LITERATURE REVIEW AND FINDINGS

Methods

For this literature review, the following databases were used: The university libraries and Google Scholar. The range of years of these studies published was from 2016 to 2021. Specific keywords used to search the literature include stigma related to substance abuse, substance abuse disorder, stigma reduction, stigma reduction in substance abuse, healthcare professionals, and substance abuse stigma.

Behavioral Concept Analysis

Yang *et al*. [7] utilized three major stigma concepts from a major sociological framework that elucidates how societal forces exclude stigmatized individuals from everyday life. Several studies alluded that stigma in healthcare contexts is destructive [4]. Stigma creates negative stimuli and perceptions of individuals using substances that can have actual physical effects, though based on preconceived notions and assumptions [6]. As a result of creating a mental framework with negative preconceptions about a community, that community is instantly negatively impacted. For many who deal with substance use, stigma can be a barrier that prevents individuals from seeking treatment and describing situations of discrimination [3,6]. As shown in Figure 3, several stigmatizing attitudes toward substance abusers include perceiving

them as dangerous, unpredictable, and unable to make decisions. Other attitudes blame them for their conditions, a willingness to coerce treatment, and maintain a social distance. Similarly, four stereotypes identified in another study associated people with SUD as (1) reckless, (2) unreliable, (3) inadequate, and (4) a threat[8].

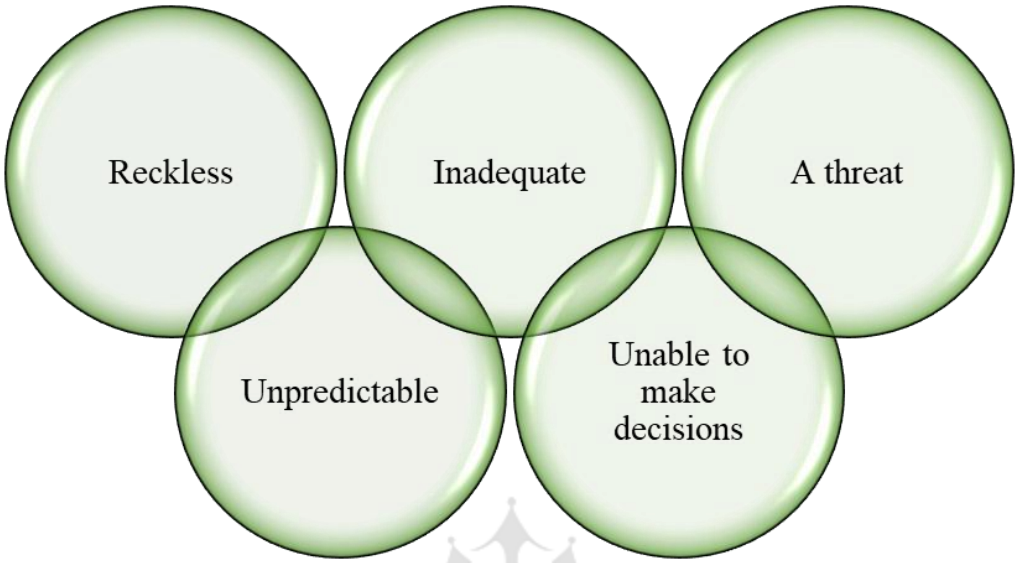


Figure no 3. Stigmatizing attitudes toward individuals with substance use disorder.

Stereotypical Behavioral Manifestations

Yang *et al*. [7] evaluated eleven studies related to the stigma of dangerousness and unpredictability to determine whether individuals are perceived as dangerous or unpredictable resulting from their SUD. In their research, consistent findings emerged from five additional surveys conducted in different countries. Of all the findings, only one was contradictory. That specific study compared the difference between "harder drugs" such as methamphetamine and heroin versus "softer drugs" such as cannabis.

Nieweglowski *et al*. [9] described reckless behaviors as impulsive, uncontrollable, self-destructive, desperate for a fix, unpredictable, unable to keep a job, dangerous, lacking job potential, in denial, and relapsing, to name a few. The study implied that people with SUD are viewed as unpredictable and uncontrollable. The behaviors identified as unreliable are selfish, weak, hopeless, and blaming others. Inadequate behaviors are those associated with being lazy, dirty, and to blame. Threatening behaviors include criminals and cheaters or liars.

Two articles summarized how manipulation is a stereotype of SUD. Caputo [10] states that emotional manipulation and deception are closely associated with substance use and addiction. This relationship exists most likely because SUD is a common result of personality disorders and other mental illnesses. Manipulation and deception are key characteristics of narcissistic and antisocial personality disorders [10]. The common misconception is that those with SUD have mental illness and are manipulative so that they can continue to abuse drugs. This manipulation includes making empty promises, playing the victim, making excuses for irresponsibility, making others feel uncomfortable or guilty to satisfy unreasonable requests, threatening to self-harm, and so on [10]. Lewis and Jarvis [11] state that patients with substance use exhibit manipulative behavior because that is what they think they have to do to get what they need and that it isn't their fault.

Two research studies that included focus groups and individual interviews describe the effects of stigma on people with SUD, largely being mistrust with medical professionals. One of the research studies explains how patients with SUD shared negative experiences with healthcare workers where they felt judged and like they were being treated differently, which impacted theiropenness [12]. People with SUD have reported that they were communicated to directly or overheard hurtful and judgmental language from healthcare professionals shares how individuals have recounted a change in rapport with healthcare professionals once their SUD is known or found out and that many felt victimized, judged, and ignored in a time where they looked toward medical professionals for help [13]. The mistrust of healthcare professionals by people with SUD decreases the chances of them seeking medical care in the future [13].

Mental Illness and Stigma

To understand if these stereotypes are associated with the stigma of SUD or if the person with SUD is perceiving them differently because of internalized stigma, a mediation analysis was conducted. Perceived stigma notably predicts self-esteem, depression, and anxiety, and sleep [14]. People with higher levels of depression, anxiety, poorer sleep, and lower self-esteem, perceived stigma at higher levels than those with milder forms of those mental illnesses or those without (see Figure 4).

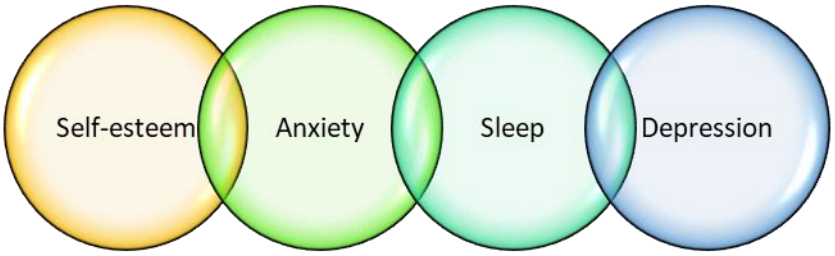


Figure no 4. Symptoms endured by individuals suffering from self-stigma.

Covid-19 and Stigma

The concept of exacerbation of stigma and vulnerabilities related to COVID-19 during the opioid epidemic has been a newly introduced concept since the year 2020. The United States is currently still wrestling with the opioid epidemic, which has disproportionately impacted some rural areas [15]. The use of amphetamine and opioids has escalated which increases the number of people who overdose. PWUD may avoid seeking medical care if COVID-19 symptoms present due to stigma associated with drug use and lack of trust in health care providers [15]. Not only is the stigma related to COVID-19, such as assuming people are not socially distancing and sharing drugs, but also comes from the stigmas associated with substance use, as the ones stated above. Since this topic is very new, a lot more research needs to be conducted to help identify interventions specific to stigma related to substance use because of COVID-19.

DISCUSSION

As indicated by the literature review, stigma has a strong correlation to negative impacts on quality of care (see Figure 5). Villa [6]noted, encouraging people to reach out for help and get on the path to recovery and that it is important to reduce the stigma surrounding their situation. Unfortunately, reducing stigma can prove challenging as interventions themselves can be met with stigma or disdain. Additionally, because of the wide variety of abused substances and individual user habits, interventions can come in many forms to overcome the stigma associated with substance use [16].

On a clinical level in patient-nurse interactions, several interventions create a beneficial milieu and allow for therapeutic communication. Zwick *et al*. [17] shared the importance of how listening to a patient without judgment, avoiding "dehumanizing labels" and caring for patients with dignity and respect opens a space for trust and better care outcomes for patients. Patient-centered interventions include a more empowering outlook on breaking down stigma. Those with SUD do not often have helpful coping mechanisms so interventions that teach positive coping mechanisms can empower an individual when they are dealing with stigmatizing behavior and stress [8]. This starts with open communication and empathy for helping someone find what coping mechanisms will work for them.

INTERVENTIONS HEALTHCARE STAFF CAN USE TO DECRESE STIGMA	**Listen to patient without judgment**
	Avoid dehumanizing labels
	Provide care with dignity and respect
	Teach positive coping mechanism
	Address need for needle exchange or safe injection sites
	Participate in skill-building activities
	Develop empathy
	Humanize the stigmatized individual
	Breakdown stereotype

Figure no 5. Interventions the healthcare staff can use to decrease stigma and negative quality of care.

Nyblade *et al*. [8] advocate for healthcare professionals to actively participate in skill-building activities. Opportunities are created to cultivate the necessary abilities to develop empathy, humanize the stigmatized individual, and break down stereotypes [8]. If healthcare professionals continue to address these biases, drug use will not decline but the patients with SUD will continue to be uncomfortable seeking medical help and will not receive the care that is required. Enacting plans to incorporate training to increase knowledge and reduce bias by medical staff

can be quickly and effectively utilized as a short-term intervention [16]. These activities were also conducted in a group. The entire staff disclosed they were addicts too. They were now working for a facility similar to the one that helped them.

Among the long-term stigma-reducing plans is the introduction of policy and legislation which supports conditions reducing the negative public perception of substance users, including the decriminalization of illegal substances [3]. Nyblade *et al*. [8] state that structural changes will reduce stigma when it includes interventions like changing policies, providing clinical materials, redress systems, and facility restructuring. This starts at a local and then state level and in time improves healthcare for all areas that come across individuals with SUD. Restructuring systems that stigmatize PWUD can oftentimes have the greatest impact on changing negative behaviors in healthcare professionals which in turn reduce both public and internal stigma.

There is a need for more access to credible and actionable information and should be disseminated repeatedly by a trusted and credible source through different channels in a form that is easy to recall [15]. Throughout the start of the pandemic, people have lost their homes and jobs which has led to an increase in substance use. Some of these people do not have access to reliable resources. While some of the services available throughout the pandemic moved to a safer route, such as virtual meetings, not everyone has had the same access to these services. At the same time, a lot of these resources, especially for the homeless community, which often consists of many people who use substances, decreased. There is limited space in homeless shelters, food, safe drugs use, and rehabilitation centers, especially for women. Since these people are having to share a small space with many people, social distancing has been extremely difficult. Avoiding getting COVID-19 has not been easy for them and they are often stigmatized more than others. The public believes that not only are they using drugs, and spreading blood infections, but now they are also spreading COVID-19.

A short-term intervention important to addressing stigma is the use of needle exchanges or safe injecting sites which provide the user with healthier alternatives to typical use while reducing the potential for increased negative public perception [6,16].COVID-19 has created unnecessary barriers for PWUD to counteract so there are specific interventions that can create a more positive outlook. Jenkins *et al.* [15] explain that safety guidelines are more apt to be adopted when sources of risk information are trusted. As aforementioned, access to a local syringe

service provider including other resources is even more limited during the COVID-19 pandemic. Housing, meals, drugs and supplies, and other essential resources have always been difficult to access for PWUD, so information about these resources is essential for this community and they may not have the ability to access those resources or services. PWUD lacking access to drug equipment, experiencing exposure to COVID-19, or self-isolating for fear of contracting COVID-19all greatly increases the risk of overdose for these individuals [15]. Therefore, there need to be more resources for PWUD and their safety with social distancing and drug use should be prioritized. Sukhera *et al.* [18] proposed a framework for addressing structural mental health substance use stigma in health professions education that has four key components and is rooted in structural humility: recognizing structural forms of stigma; reflecting critically on one's assumptions, values, and biases; reframing language away from stereotyping toward empathic terms, and responding with actions that actively dismantle structural stigma (see Figure 6).

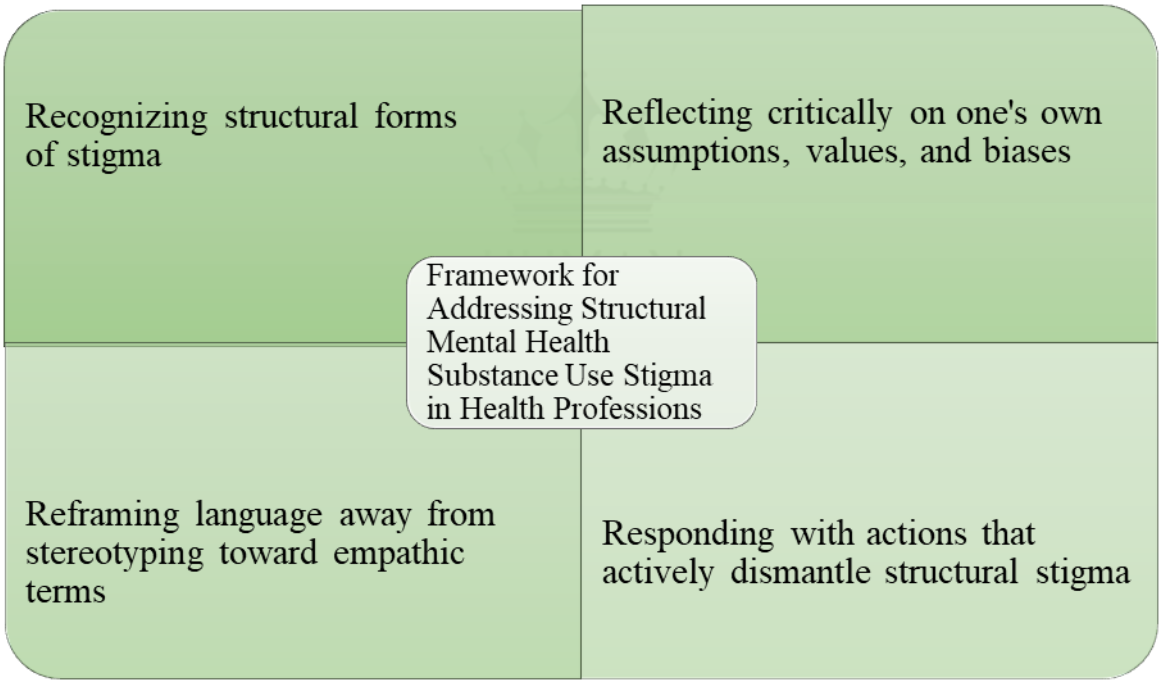


Figure no 6. Framework for addressing structural mental health substance use stigma in health professions education

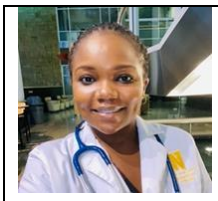
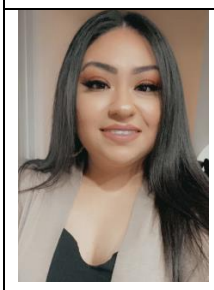
CONCLUSION

Stigma related to substance use in healthcare is a critical concern that directly affects patient quality of care. Existing literature describes how stigma related to patient substance use creates a situation of bias that can be seen in the quality of care provided and in addition to other amounts or types of care sought by the afflicted individual. As a result of the incredibly detrimental effect stigma can have on ensuring a patient's satisfaction of care, extra caution needs to be exhibited with patients who suffer from substance use concerns to not infer a social or cultural attachment that may hinder adequate healthcare. Until social norms and beliefs allow for acceptance and normalization of substance users seeking recovery from addiction and dependence, positive examples of change will be needed to help facilitate change. A reduction of stigma through education is essential to ensure appropriate recovery steps. Interventions must continue to be utilized to make that process as effortless as possible to ensure the greatest level of care.

REFERENCES

1. CDC. Centers for Disease Control and Prevention. (2021). *Stigma Reduction.* Retrieved from https://www.cdc.gov/stopoverdose/stigma/index.html
2. Volkow, N. D. (20202). Stigma and the toll of addiction. *The New England Journal of Medicine.* Pages 1289-1290. Retrieved from https://www.nejm.org/doi/pdf/10.1056%2FNEJMp1917360
3. Wogen, J., & Restrepo, M. T. (2020). Human rights, stigma, and substance use. *Health and Human Rights Journal*, 51-60. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7348456/
4. Garpenhag, L., & Dahlman, D. (2021). Perceived healthcare stigma among patients in opioid substitution treatment: A qualitative study. *Substance Abuse Treatment, Prevention, and Policy*. 16, 81. doi: https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00417-3
5. Greenbaum, Z. (2019). The stigma that undermines care. Retrieved from *American Psychological Association*: https://www.apa.org/monitor/2019/06/cover-opioids-stigma
6. Villa, L. (2021, July 16). Shaming the sick: Addiction and stigma. Retrieved from Drugabuse.com: https://drugabuse.com/addiction/stigma/
7. Yang, L. H., Wong, L. Y., Grivel, M. M., & Hasin. (2017). Stigma and substance use disorders: an international phenomenon. *Current Opinion in Psychiatry.* 30(5), 378-388. doi: 10.1097/YCO.0000000000000351
8. Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., McLean, R… Wouters, E. (2019). Stigma in health facilities: why it matters and how we can change it. *BMC MED* 17, 25. https://doi.org/10.1186/s12916-019-1256-2
9. Nieweglowski, K., Corrigan, P. W., Tyas, T., Tooley, A., Dubke, R., Lara, J … & The Addiction Stigma Research Team (2018). Exploring the public stigma of substance use disorder through community-based participatory research, *Addiction Research & Theory, 26*(4), 323-329, doi: 10.1080/16066359.2017.1409890
10. Caputo, A. (2019). Deceptive in drug addiction and their role in control beliefs and health status reporting: A study on people with substance use disorder in treatment. *Journal of Drug Issues. 49*(4):575-592. doi: 10.1177/0022042619853299

11. Lewis, L. F. & Jarvis, L. (2018). Undergraduate nursing students' experiences and attitudes towards working with patients with opioid use disorder in the clinical setting: A qualitative content analysis. Retrieved from University of Vermont website: https://www.sciencedirect.com/science/article/pii/S0260691718309134
12. Cockroft, J. D., Adams, S. M., Bonnet, K., Matlock, D., McMillan, J., & Schlundt, D. (2019). "A scarlet letter": Stigma and other factors affecting trust in the health care system for women seeking substance abuse treatment in a community setting. *Taylor & Francis Online.* Retrieved from https://www.tandfonline.com/doi/10.1080/08897077.2018.1544184
13. Muncan, B., Walters, S. M., Ezell, J., & Ompad, D. C. (2020). "They look at us like junkies": Influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City. *Harm Reduction Journal.* 17, 53. oi: https://doi.org/10.1186/s12954-020-00399-8
14. Birtel, M. D., Wood, L., & Kempa, N. J. (2017). Stigma and social support in substance abuse: Implications for mental health and well-being. *Psychiatry Research.* 252, 1-8. doi: https://doi.org/10.1016/j.psychres.2017.01.097
15. Jenkins, W. D., Bolinski, R., Bresett, J., Ham, B. V., Fletcher, S., Walters, S., Friedman, S. R., Ezell, J. M., Pho, M., Schneider, J., Ouellet, L. (2021). COVID-19 during the opioid epidemic—Exacerbation of stigma and vulnerabilities. *The Journal of Rural Health.* 37, 172-174. doi: 10.1111/jrh.12442
16. Giliauskas, D. (2018). Interventions to reduce stigma among health care providers working with substance users. Retrieved from Ontario HIV Treatment Network: www.ohtn.on.ca
17. Zwick, J., Appleseth, H., & Arndt, S. (2020). Stigma: How it affects the substance use disorder patient. *Substance Abuse Treatment, Prevention, and Policy.* 15 (50). https://doi.org/10.1186/s13011-020-00288-0
18. Sukhera, J., Knaak, S., Ungar, T., & Rehman, M. (2021). Dismantling structural stigma related to mental health and substance use: An educational framework. *Academic Medicine: Journal of the Association of American Medical Colleges*. https://doi.org/10.1097/ACM.0000000000004451

	**Angella N. Fritz** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
	**Claire V. Bieber** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
	**Maria C. Rodriguez-Flores** *Bronson School of Nursing, Western Michigan University, Kalamazoo, Michigan, USA*
	**Dr. Samuel P. Abraham– *Corresponding Author*** *Associate Professor of Nursing, Bethel University, 1001 Bethel Circle, Mishawaka, Indiana, USA*

Conflict of Interest	No conflict of interest
Funding Information	None
Authors' Contribution	All authors contributed equally. The manuscript was approved by all authors prior to final submission
Acknowledgement	None