

# Welcome to the Opioid Settlement Technical Assistance Learning Series

## *An Anti-Stigma Approach to the Addiction Crisis*

March 6, 2024 | 12:00 p.m. – 1:30 p.m.



# Welcome & Introduction of Presenter

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# HOUSEKEEPING ITEMS

- This Zoom event will be recorded
- Participants will be on mute when presenters are speaking
- To ask a question, please use the chat
- Any follow-up questions or requests for the Technical Assistance Collaborative (TAC), please email:

[MDHHS-opioidsettlementhelp@michigan.gov](mailto:MDHHS-opioidsettlementhelp@michigan.gov)

- Following this event, please complete the brief evaluation survey, a poll will be provided at the end



# ***An Anti-Stigma Approach to the Addiction Crisis***

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# Stigma

*And the detrimental affects it has on persons with  
Substance Use Disorder.*

**“The words we choose and the language we use have the power to affect  
the people and the world around us.”**

**-Author Unknown**

# Topics of Discussion.

Define stigma



Different types of stigma



History of stigma

Stigma within the  
healthcare setting.



The affects stigma has on  
people with substance use  
disorder.



How can we reduce stigma.

Mia's why

*“Words have the power to kill.”*



# Definition of stigma

There are multiple definitions of stigma.



# Here are a few...



A mark of shame or discredit.



A mark of disgrace that sets a person apart from others.




A discrimination, or prejudice directed towards individuals.

“When one is labeled, they are no longer seen as an individual but as a part of a stereotyped group.”

# **Different types of Stigma.**

# 4 types of stigma



Stigma from  
the public.

Stigma from  
healthcare  
professionals.

Stigma from  
recovery  
community.

Internalized/Self  
stigma.

# Types of stigma and examples of stigmatizing comments and phrases.

Public Stigma	Systemic/Institutional	Recovery Stigma	Internalized Stigma
Involves negative or discriminatory attitudes others have about substance use disorder	Involves policies for government and private organizations that intentionally or unintentionally limit opportunities for people with SUD.	Abstinence based recovery vs. Medications for opioid use disorder.	Refers to the negative attitudes, including internalized shame that people with SUD have about their own disease.
<ul style="list-style-type: none"><li>• “Once a junkie, always a junkie.”</li><li>• “Pill Popper.”</li><li>• “People like that don’t have the willpower to quit using.”</li></ul>	<ul style="list-style-type: none"><li>• Lack of Insurance that covers treatment for SUD. Lack of access to resources.</li></ul>	<ul style="list-style-type: none"><li>• “You are not in recovery if you are taking suboxone or methadone.”</li><li>• “That’s just trading on drug for another.”</li></ul>	<ul style="list-style-type: none"><li>• “Maybe they’re right? Maybe MOUD is in fact trading one drug for another?”</li><li>• We have heard it so much we start to believe what we hear.</li></ul>

Where did the term  
*stigma* come from?

*Let's go back in time...*

# Just a little history...

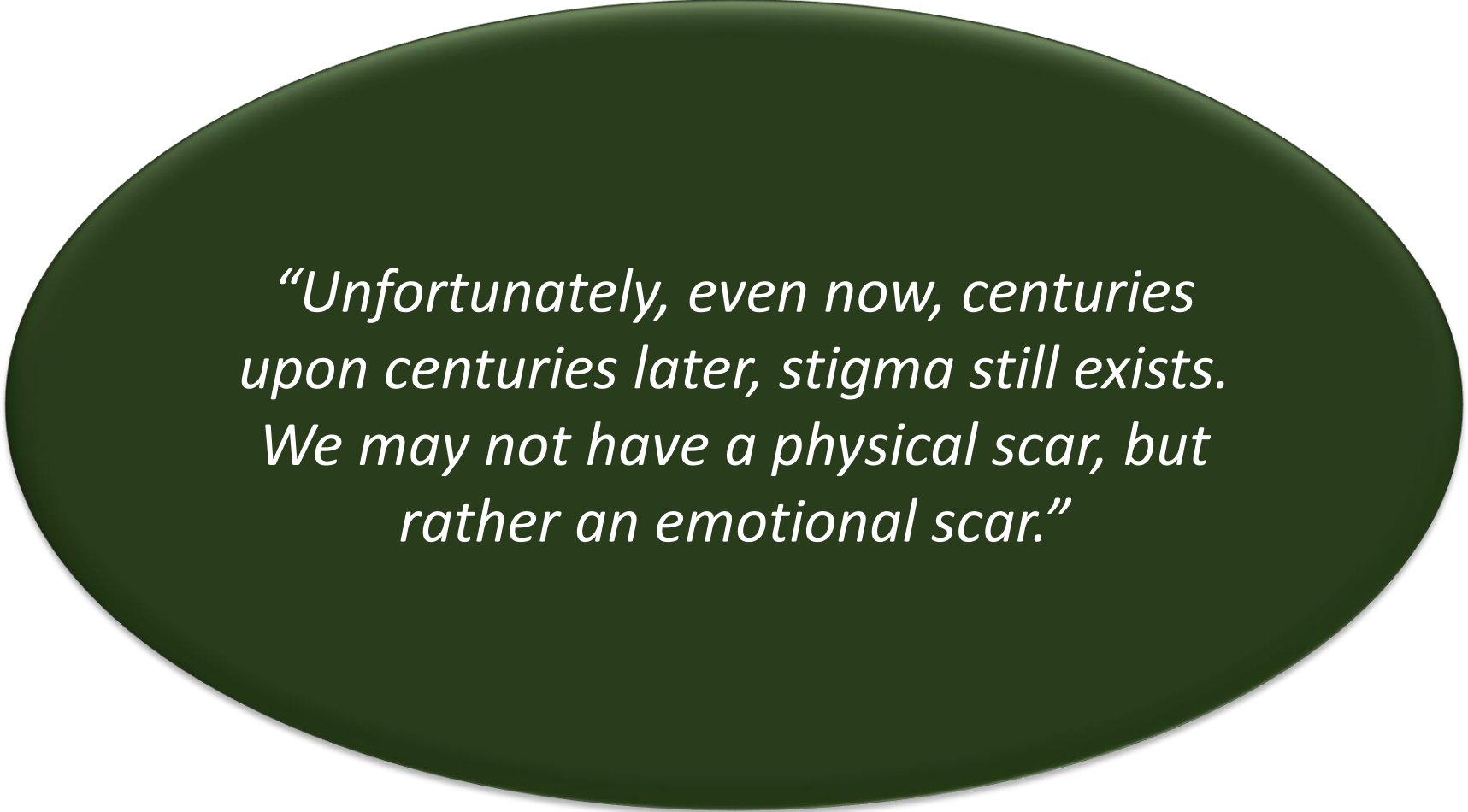


The term stigma derives from Latin and Greek words meaning a mark on the skin often made by a hot iron or branding tool. In ancient Greece, this mark distinguishes criminals, slaves, and outcast. People who couldn't be trusted and dangerous were to be avoided at all cost.



Many medical conditions in history have been stigmatized, for example, Leprosy. The physical impairments caused by leprosy brought prejudice, fear, and segregation. People with this disease were socially isolated and forced to live in poverty and loneliness. So, they made their own community to avoid stigma.

# Branding still exist in the form of stigma.



*“Unfortunately, even now, centuries upon centuries later, stigma still exists. We may not have a physical scar, but rather an emotional scar.”*



The affects  
stigma has on  
people with  
substance use  
disorder.



# The affects of stigma


Limits access to care, and ultimately contributes to the vicious cycle of addiction.

Stigma from healthcare professionals only add to the deep shame, guilt and embarrassment we already feel for all the pain we've caused or things we've done.

People with substance use disorder who are stigmatized often isolate, thus, develop other mental illnesses such as depression and anxiety.

Experience of being stigmatized can often lead people with SUD to refuse medical treatment and/or leave hospital against medical advice

# The affects of stigma



Feelings of being stigmatized can create barriers to SUD treatment, thus, possibly result in overdose.

Stigma within healthcare may cause a lack of resources for people in rural towns.

# How being stigmatized makes people with substance use disorder feel.

"I will never trust a doctor to have my best interest ever again."

"They probably would have treated my dog better."

I felt hopeless.  
If a doctor wont help, who will?

"After being discharged, I used. I had a seizure that night."

"It was dehumanizing."

The doctor made me feel like a complete waste of his time."

**So, how can we aid in reducing stigma  
within healthcare?**



# So, how can we help reduce stigma?

Create a recovery community in your area and help the public to see we are good, “normal” human beings.	Education the public and provide training for Healthcare Professionals.
Medical professionals who are in recovery from substance use disorder speaking up.	Listen without judgement. (Actively listen)
Treat everyone with dignity and respect.	Avoid hurtful and/or dehumanizing language.

# Person First Language

According to NIDA, person first language maintains the integrity of individuals as whole human beings. By removing language that equates people to their condition. For example:

Instead of calling a patient an “addict,” call them “person with substance use disorder.”

Person first language sets apart the patient and their diagnosis.

“I wish they would have treated me like a human, rather than my diagnosis. They made me feel as ugly as my addiction.”

# Person First Language

By using person first language, you are putting your patient first rather than the diagnosis first.

Instead of saying:	Say this:
Addict, Junkie, crackhead	Person with Substance Use Disorder/Person struggling with SUD
Clean/Dirty	Substance free, abstinent
Relapse	Return to use, Recurrence of use

**Thank you!**

**Questions?**



# Thank You!

For questions and to make requests to the Technical Assistance Collaborative,  
please email:

[MDHHS-opioidsettlementhelp@michigan.gov](mailto:MDHHS-opioidsettlementhelp@michigan.gov)

<https://www.michigan.gov/opioids/opioidsettlements>

