

An International Perspective on Stigma and Substance Use Disorders

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- ☀ DISCLOSURES:
- ☀ Indivior Pharmaceuticals, Paid Consultant
- ☀ Embera Pharmaceuticals, Paid Consultant
- ☀ Alkermes Pharmaceuticals, Paid Consultant
- ☀ Sage Pharmaceuticals, Paid Consultant



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STIGMA

Stigma:

A mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against and excluded from society – stigma disempowers

Structural stigma: societal conditions, cultural norms and institutional practices that constrain the opportunities, resources and well-being for stigmatized populations.

Public stigma: negative attitudes, beliefs and behaviors held within a community for the larger cultural context that comprises negative social norms.

Self-stigma: internalization of public stigma by a person with a condition, disorder or minority status.

TYPES OF STIGMA

Structural stigma: societal conditions, cultural norms and institutional practices that constrain the opportunities, resources and well-being for stigmatized populations.

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STIGMA and SUDs

- ☀️ Stigma (including internalized or self-stigma) negatively impacts emotional, mental and physical health
- ☀️ In healthcare, stigma can decrease:
 - ☀️ willingness of policy-makers to allocate resources
 - ☀️ willingness of providers to screen/address problems
 - ☀️ willingness of individuals to seek treatment

Stigma and Substance Use Disorders

- ☀ International studies indicate that stigma around SUDs exists worldwide: pervasive and firmly entrenched
- ☀ US in 2020 had the highest number of overdose deaths on record - > 100,000
 - ☀ Only 13% of people with SUDs receive treatment
 - ☀ Only 11% of individuals with opioid use disorders receive medications targeting their opioid use

COVID-19 and Substance Use Disorders: The Perfect Storm

- ☀ Marginalized / Stigmatized population
- ☀ Vulnerable to medical consequences
 - ☀ Smoking, vaping and lung function
 - ☀ Opioids and respiratory depression
 - ☀ Immunocompromised individuals
- ☀ Systems for providing care fragmented
- ☀ Funding for care problematic



Addressing Stigma: Patients and Families

- ☀️ Talk Openly About Substance Use Disorders
- ☀️ Educate Yourself And Others
- ☀️ Be Conscious Of Language
- ☀️ Show Compassion For Those With Substance Use Disorders
- ☀️ Choose Empowerment Over Shame
- ☀️ Be Honest About Treatment
- ☀️ Let The Media Know When They're Being Stigmatizing
- ☀️ Don't Harbor Self-Stigma

National Alliance on Mental Illness (NAMI) website, 2022

Reducing Stigma: Healthcare Providers

- ☀ Understudied area – need to build the empirical database – most data comes from mental health field
 - ☀ 1st person language (people with SUDs vs addicts)
 - ☀ Avoid negative/judgemental language (addict/dirty urine/clean)
 - ☀ Highlight availability of effective treatment
 - ☀ Sympathetic narratives
 - ☀ Emphasize societal vs. individual causes

References (Required)

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4. Volkow ND, Gordon JA, Koob GF. Choosing appropriate language to reduce the stigma around mental illness and substance use disorders. *Neuropsychopharmacology*, 2021, 46:2230-2232
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Today's Speakers

1. Christos Kouimtsidis, MBBS, MSc, FRCPsych, PhD is a Consultant in Addiction Psychiatry at the National Health Service of UK, Honorary Clinical Senior Lecturer - Imperial College London/St Andrew's University, Greece's National Coordinator for Addressing Drugs. He has been involved in epidemiological, qualitative and RCT's in SUDs.
2. Atul Ambekar, MD is a Professor at National Drug Dependence Treatment Centre (NDDTC), New Delhi. Member of many international and expert bodies in the field of SUDs including WHO, UNODC, UNAIDS, INCB.
3. Anja Busse, PhD,