

January 31, 2022

Stigma of Addiction Summit

Lessons Learned and Priorities for Action

BACKGROUND INFORMATION

The National Academy of Medicine, Dell Medical School at The University of Texas at Austin, and Shatterproof co-hosted the Stigma of Addiction Summit (Summit) on June 10, 2021, to discuss the negative impact of stigma on people with substance use disorders (SUDs) and elevate action-oriented strategies to address and eliminate the harms caused by stigma. The event was organized by an interprofessional and interdisciplinary planning committee of individuals in recovery, clinicians, health profession educators, addiction medicine professionals, government stakeholders, and health system representatives. The members of the planning committee were Victoria Bosman, Cheyenne Johnson, John Kelly, Elena Mendez-Escobar, Joy Rucker, Margot Savoy, and Eri Solomon (<https://nam.edu/event/stigma-of-addiction-summit/>).

The Summit occurred at a critical point in the U.S. opioid epidemic and SUD crisis. In 2020, there were over 93,000 drug overdose deaths in the U.S., and most of those deaths involved opioids (Devitt, 2021). Additionally, the COVID-19 pandemic has exacerbated the overdose crisis, as many individuals with SUDs have been separated from their clinicians, support groups, and loved ones due to physical distancing protocols. Physical distancing has also made accessing medications for opioid use disorder (MOUD) challenging, further putting those experiencing addiction at risk. In fact, in the 12-month period ending in April 2021, the overdose death number increased to more than 100,000 (National Center for Health Statistics [NCHS], 2021).

There is an important distinction between people who carry a medical diagnosis of SUD or addiction and those who use drugs without meeting the criteria for SUD included in the

The Summit discussions are particularly applicable to stakeholders from across the U.S. health ecosystem, those in clinical service delivery, health system stakeholders, universities and people in academia, public

the health care setting that 41 percent of primary care clinics reported being unwilling to schedule appointments for people who might need opioid therapy for pain (Lagisetty et al., 2019). However, this stigma is not distributed equally, and panelists stated that youth (in particular, adolescents and young adults), communities of color, and health care professionals with SUDs are more likely to experience stigma in health care settings than their peers. Panelists noted that stigma in the health care setting does not exist in a silo, and patients with chronic pain also experience stigma. Patients with chronic pain may not be believed when

Session 2.2 – How to Intervene or Change Behavior in Real-Time

“The stigma that exists in our society is just as deadly as the drugs themselves,” noted Guy Felicella during Session 2.2. Panelists stated that society fails to address the trauma that can lead some people to use drugs, and the medical system heightens this trauma by further stigmatizing individuals who seek treatment for SUDs. Many individuals who seek care for drug use face stigma within the medical system, so panelists suggested establishing reporting options that allow students and medical residents to provide honest feedback to their supervisors when they observe harmful behavior without fear of retaliation. Panelists also stated that community-led programs are essential in harm reduction efforts because these programs are often better at engaging individuals and supporting people who use drugs than institutionalized programs. In addition to broader community efforts to reduce stigma, the discussion included advice for health care professionals to follow in order to reduce stigma. “Start with yourself,” emphasized Laura Guzman. Panelists urged attendees to challenge themselves and the systems around them by examining internal biases. Additionally, panelists discussed that involvement of people who use drugs should expand beyond the front-line level and further use and integrate their knowledge and feedback in the development and evaluation of SUD resources. The panelists advocated for including people who use drugs in policy development, program development, and implementation of services and calling out stigmatizing language and behavior when they occur in health care settings.

Session 2.3 – Research, Evidence, and Mechanisms for Action

Throughout Session 2.3, panelists stated that stigmatizing attitudes are pervasive and persistent among the public and in professional settings, and a key driver of stigma is the belief that SUDs are a personal choice and a moral failing. To combat these false narratives, panelists suggested that communication strategies such as using people-first language, presenting solution-oriented messages, sharing personal stories, and emphasizing the societal factors that contribute to drug use can all reduce stigma. Other suggested strategies included integrating stigma-reduction work into evidence-based practices and fostering opportunities for positive social contact with people who use drugs. While panelists noted it would be difficult, they advocated for changes that could shift the culture around treatment of drug use. They recommended increasing the involvement of people with lived experience at all stages of the research process and improving SUD treatment by ensuring those involved in treatment have compassion for their patients. Tom Hill underscored the importance of respect in SUD treatment: “if you treat people right, you treat people well, they’ll feel comfortable and they’ll come back, if they feel respected and honored.” Panelists urged individuals to view stigma through an intersectional lens because of the deep connections between race, identity, stigma, and society’s view of people who use drugs. Finally, panelists highlighted areas for future research including rigorous evaluation of stigma-reduction strategies, a greater focus on the causes of SUDs and the role that trauma plays in substance use, and ways to build SUD treatment systems that are engaging over the long term for people who use drugs.

Innovation Session Video Presentation

To promote connections between attendees and to lift up innovative strategies to combat stigma, the Summit conducted a broad call for approaches to reduce stigma across the health care ecosystem. The Summit received 99 submissions, six of which were featured during a live video presentation at the Summit. All submissions that met the inclusion criteria were included in a compendium with full abstracts and contact information for each stigma initiative (https://nam.edu/wp-content/uploads/2021/06/Innovation-Abstract-Packet_final.pdf). The six featured videos highlighted a wide range of strategies, including utilizing the Project ECHO model to reduce stigma around MOUD; measuring Arab American public stigma toward substance use; destigmatizing substance use, pain, and addiction in the media; developing a toolkit to educate on treatment options, legal rights, and resources for people with OUD; reducing self-stigma in justice-involved populations using MOUD; and developing a harm reduction and stigma curriculum for providers distributing naloxone and safer consumption supplies.

Closing Keynote

The closing keynote presentations featured Regina LaBelle, Acting Director (AD) of the Office of National Drug Control Policy (ONDCP), and Keith Wailoo, Henry Putnam University Professor of History and Public Affairs at Princeton University. AD LaBelle provided an overview of the steps ONDCP is taking to address overdoses and reform addiction treatment. For the first time in its history, ONDCP has explicitly included harm reduction and advancing racial equity in its drug policy priorities. AD LaBelle provided an overview of the

