

Preventing and Reducing Stigma:

Prevention



Why Does It Matter?

According to the 2017 *National Survey on Drug Use and Health*, about 8 out of 10 people with a mental health condition reported experiencing shame and stigma that prevented them from seeking treatment.

Stigma can be defined as an attribute, behavior, or condition that socially discredits an individual or populations. Stigma influences the health outcomes and well-being of individuals with SUD/mental illness.

Prevention practitioners are in a unique position to reduce the stigma surrounding SUD/mental illness. Language used as part of prevention messaging, or informally, in conversations with colleagues and stakeholders, can increase or decrease stigma. Prevention practitioners work across the continuum of care and can influence and train professionals working in behavioral health and human services settings.

What Can We Do?

- Use terms such as “substance use disorder” (SUD) instead of “drug abuse” to reduce stigma and increase help-seeking behaviors.
- Employ pro-health messaging. For example, prevention messages highlighting the courage and self-efficacy of people with SUDs to use naloxone to reverse opioid overdose tackles the stigma of people with SUD as selfish and lazy.
- Engage community stakeholders in discussion on how stigma affects mental health and SUD.
- Support and enhance individual coping strategies for people in stigmatized groups.
- Implement interventions that change laws and policies that heighten stigma.
- Promote prevention education strategies that help stigmatized groups make healthier decisions.

What Is The Impact?

- Stigma can affect the disclosure of traumatic experiences or suicidality. Fear of stigma may cause a person to suppress thoughts and feelings about trauma.
- Internalized stigma can increase the risk of substance use and substance use disorders.
- Stigma affects a person’s sense of belonging to a community or group, which may increase risk of comorbidities and mortality for people with SUD/mental health disorders.
- Stigma affects access to care, especially for underserved populations seeking culturally and linguistically appropriate services.



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Resources

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Online Learning: [Addressing Stigma and Substance Use Disorders: A HealthKnowledge Course](#)



Web page: [Great Lakes PTTC, Preventing and Reducing Stigma](#)



Pod Cast: [Spotlight on Stigma Series: First Responders](#)



References

- Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence, 189*, 131–138. <https://doi.org/10.1016/j.drugalcdep.2018.05.005>
- Cook, J. E., Purdie-Vaughns, V., Meyer, I. H., & Busch, J. (2014). Intervening within and across levels: a multilevel approach to stigma and public health. *Social Science & Medicine (1982), 103*, 101–109. <https://doi.org/10.1016/j.socscimed.2013.09.023>
- Corrigan, P. W., & Nieweglowski, K. (2018). Stigma and the public health agenda for the opioid crisis in America. *The International Journal on Drug Policy, 59*, 44–49. <https://doi.org/10.1016/j.drugpo.2018.06.015>
- Corrigan, P., Schomerus, G., & Smelson, D. (2017). Are some of the stigmas of addictions culturally sanctioned?. *The British Journal of Psychiatry, 210*(3), 180–181.
- Goodyear, K., Haass-Koffler, C. L., & Chavanne, D. (2018). Opioid use and stigma: The role of gender, language and precipitating events. *Drug and Alcohol Dependence, 185*, 339–346. <https://doi.org/10.1016/j.drugalcdep.2017.12.037>
- Hatzenbuehler M. L. (2016). Structural stigma: Research evidence and implications for psychological science. *The American Psychologist, 71*(8), 742–751. <https://doi.org/10.1037/amp0000068>
- Hui, K., Angelotta, C., & Fisher, C. E. (2017). Criminalizing substance use in pregnancy: misplaced priorities. *Addiction (Abingdon, England), 112*(7), 1123–1125.
- Kelly, J.F., Saitz, R., & Wakeman, S. (2016). Language, substance use disorders, and policy: the need to reach consensus on an "addiction-ary". *Alcoholism Treatment Quarterly, 341* (1), 116–123
- Kelly, J. F., Wakeman, S. E., & Saitz, R. (2015). Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States. *The American Journal of Medicine, 128*(1), 8–9. <https://doi.org/10.1016/j.amjmed.2014.07.043>
- Pescosolido, B. A., & Martin, J. K. (2015). The Stigma Complex. *Annual Review of Sociology, 41*, 87–116.
- Rüsch, N., & Thornicroft, G. (2014). Does stigma impair prevention of mental disorders?. *The British Journal of Psychiatry: The Journal of Mental Science, 204*, 249–251. <https://doi.org/10.1192/bjp.bp.113.131961>
- Salmond, S., & Allread, V. (2019). A Population Health Approach to America's Opioid Epidemic. *Orthopedic Nursing, 38*(2), 95–108. <https://doi.org/10.1097/NOR.0000000000000521>
- Sheehan, L., Oexle, N., Bushman, M., Fulginiti, A., & Frey, L. M. (2019). Suicide-related disclosure: implications for inclusion and recovery. *Journal of Public Mental Health.*

