

Partnership for a  
Drug-Free New Jersey

in Cooperation with the Governor's Council on Alcoholism  
and Drug Abuse and the NJ Dept. of Human Services



**NJCARES.gov**  
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

# Combating the Stigma of Opioid Addiction

## April 28, 2022



The Partnership For A  
Drug-Free New Jersey

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# Featured Presenters



**Emily Einstein, Ph.D.**

**Chief of Science Policy**  
**National Institute on Drug Abuse**

Dr. Emily Einstein joined the Science Policy Branch (SPB), Office of Science Policy and Communications (OSPC) at the National Institute on Drug Abuse (NIDA) as a Health Science Policy Analyst in January 2015. On the SPB team, Dr. Einstein develops materials to communicate the science of addictive drugs and substance use disorders to members of the public, the scientific community, and the government, with an emphasis on prescription opioids and heroin. Prior to joining OSPC, Dr. Einstein was an American Association for the Advancement of Science and Technology Policy Fellow in the Office of Autism Research Coordination at the National Institute of Mental Health. Dr. Einstein received her Ph.D. in neuroscience from Yale University, where her research was focused on the molecular and cellular mechanisms of opioid reward.



**Edouard Coupet Jr., MD, MS**

**Assistant Professor of Emergency Medicine**  
**Core Faculty, Program in Addiction Medicine**  
**Yale School of Medicine**

Edouard Coupet Jr. is an Assistant Professor in Emergency Medicine and Core Faculty in the Program of Addiction Medicine at the Yale School of Medicine. Dr. Coupet completed medical school at the University of Chicago Pritzker School of Medicine and his residency training at the Jacobi/Montefiore Emergency Medicine program in the Bronx. Following his residency, he completed a Center for Emergency Care Policy & Research fellowship at the University of Pennsylvania. He is board-certified in both Emergency and Addiction Medicine. Dr. Coupet's primary research interests are in the intersection between substance use and community violence, emergency department access to addiction treatment and socioeconomic and racial/ethnic disparities in access to addiction treatment.



**Celina Levy**

**Executive Director, Governor's Council on Alcohol and**  
**Drug Addiction**

Celina Levy has dedicated most of her career to community health, with a commitment to quality of life for all individuals, particularly the most disenfranchised among us. In her previous role as Executive Director of the Governor's Council on Mental Health Stigma, Celina developed, implemented and oversaw the council's signature statewide mental health and anti-stigma public awareness campaign, "A Community Effort," working with community partners across New Jersey and beyond, to help change the conversation about mental health. Since assuming the position of Executive Director of the Governor's Council on Alcohol and Drug Addiction (GCADA), Celina developed the statewide public awareness campaign, "Addiction Does Not Discriminate," collaborating with state partners - Office of the Attorney General, Department of Human Services, Department of Education, and Partnership for a Drug-Free New Jersey - for the launch of the campaign in May of 2014.



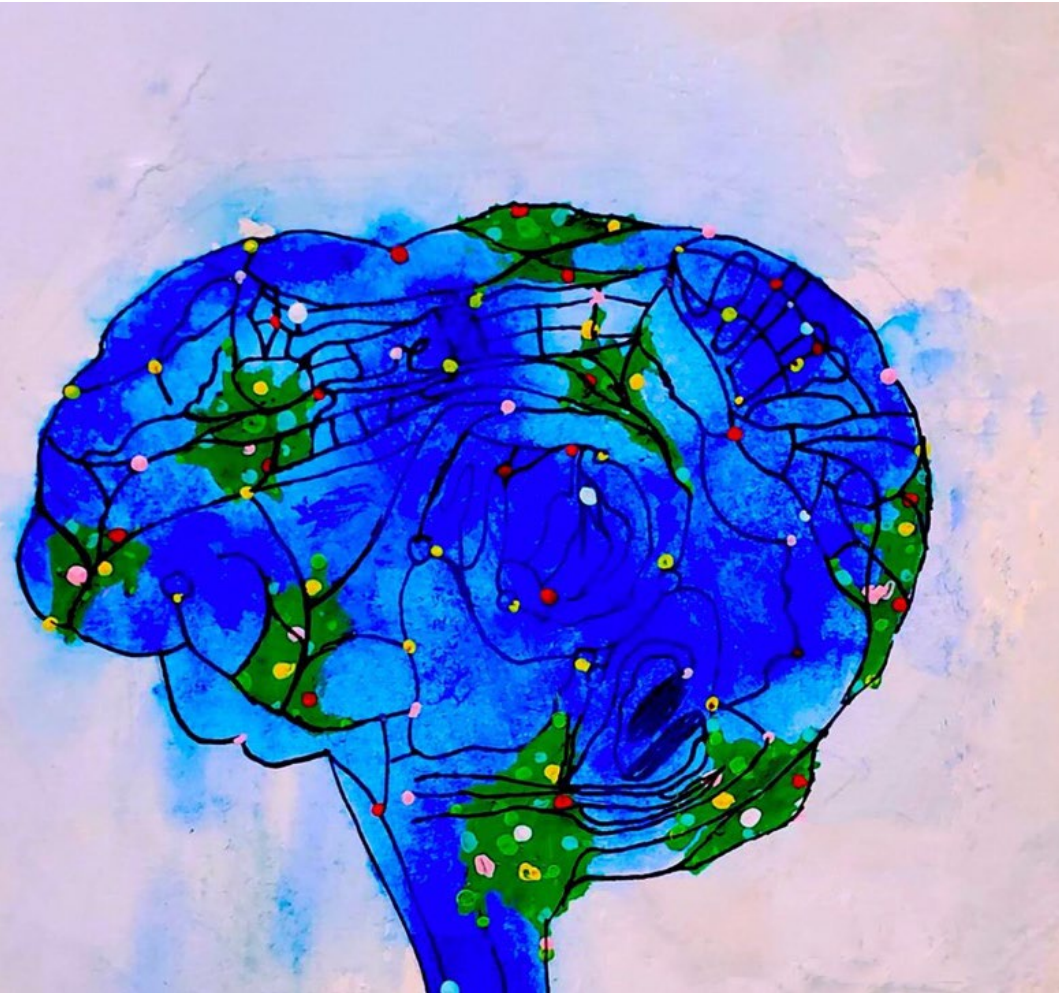
**Emily Einstein, Ph.D.**  
**Chief of Science Policy**  
**National Institute on Drug Abuse**

# Stigma and Substance Use Disorder

Emily Einstein, PhD  
Chief of Science Policy, NIDA  
04/28/22



# Substance Use Disorder: A Chronic, Treatable Medical Condition



- **Substance use disorder** involves patterns of symptoms caused by using a substance; an individual continues taking it despite its negative effects.\*
  - **Addiction** is compulsive drug use despite harmful consequences but is not a diagnosis.
- **Dependence** occurs with chronic use of many drugs—including many prescription drugs, even if taken as instructed.
- **Tolerance** occurs when the body adapts to the drug, it requires more of it to achieve a certain effect.

\*As defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

# Substance Use Disorder: Recovery & Return to Use

## What is Recovery?

The process of change to improve one's health and wellness, live a self-directed life, and strive to reach their full potential.



## Return to Use

- Is a normal part of recovery
  - Rates of return to drug use are similar to rates for other chronic medical illnesses
- Triggers unnecessary guilt, shame, and hopelessness
- May result in a more serious return to use and higher likelihood of accidental overdose

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# Where Does Stigma Against People With Substance Use Disorders Come From?

- Incorrect beliefs that addiction is a moral failing, instead of a chronic and treatable brain disease.
- Societal norms informed by unfounded myths and misconceptions.





# What Does Stigma Look Like? What are Its Effects on People with Substance Use Disorder?

## What It Is

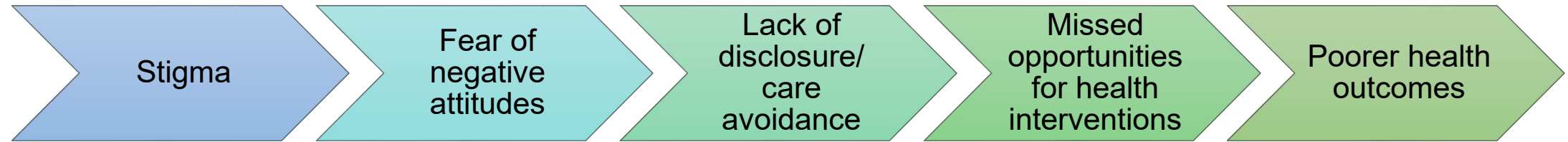
- Negative bias from society, including in healthcare settings, which can result in:
  - Stereotyping
  - Failure to create/invest in needed systems of care
  - Punitive treatment approaches
  - Exclusion by family/friends/society

## Its Effects

- Care avoidance
- Fear of disclosure
- Poor quality of care
- Reduced access to care and services
- Increased substance use
- Trauma, mental illness
- Reduced opportunities for employment, education



# Stigma Can Contribute to Fear of Disclosure, Care Avoidance



In 2020, more than **87,700** people who needed treatment for addiction did not seek it because they **feared negative attitudes** from their communities.

# Stigma Can Lead to Poorer Quality of and Reduced Access to Health Care and Services

- Medications for opioid use disorder are often underutilized.
- Harm-reduction strategies may carry stigma, limiting their adoption and use.
- Health professionals' attitudes negatively impact the care they provide.
- Clinicians may overlook important drug-medication interactions or may not screen patients for substance use disorder-related health risks.

A national survey showed that providers recognized opioid use disorder as a treatable condition but had stigmatizing attitudes against it; and in turn **less willingness to provide medications for opioid use disorder.**



# Stigma Can Lead to Increased Substance Use

- Feelings of guilt and shame can lead people with a substance use disorder to increase drug-seeking behavior.
- Just the stress of feeling discriminated against can increase the likelihood that someone will use substances.





# Criminalization Reinforces Stigma

“

Punitive policies around drugs mark people who use them as criminals, and contribute to the overwhelming stigma against people contending with an often-debilitating and sometimes fatal disorder — **and even against the medical treatments that can effectively address it.**

**Dr. Nora D. Volkow, NIDA Director**



# Health Disparities and Social Determinates of Health

- In many instances, people with substance use disorder are navigating a system fueled by:
  - Systemic racism
  - Stigma
  - Implicit bias
  - Misinformation about addiction and treatment
- Common social determinates of health (SDOH)
  - Lack of access to safe transportation
  - Income and employment
  - Language and literacy skills
  - Being under/uninsured
- SDOH exacerbate access to care in communities that are already under-resourced and marginalized.
- Understanding and addressing the impacts social determinants is critical to ensuring equity for all.



# How To Help Change Stigmatizing Behavior: The Power of Language



**Use empowering language instead of stigmatizing language.**



**Talk to people with substance use disorder about how they want to be described.**



**Use accurate, science-based language.**



**Use person-first language.**



**For more information about stigma, language, and addiction, scan the QR code to access NIDA's Words Matter guide.**

# Talking About Yourself or Others with Substance Use Disorder



## Use...

- Person with a substance use disorder
- Person with an opioid use disorder (OUD) or person with opioid addiction

- Person with alcohol use disorder
- Person who misuses alcohol/engages in unhealthy/hazardous alcohol use

- Person in recovery or long-term recovery/person who previously used drug

- Testing positive (on a drug screen)



## Instead of...

- Addict
- User
- Substance or drug abuser
- Junkie

- Alcoholic
- Drunk

- Former addict
- Reformed addict

- Dirty
- Failing a drug test

## Because...

- Using person-first language shows that SUD is an illness.
- Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem.
- The terms avoid eliciting negative associations, punitive attitudes, and individual blame.

- Use medically accurate terminology the same way it would be used for other medical conditions.
- These terms may decrease a person’s sense of hope and self-efficacy for change.



# Talking about Using Substances



## Use...

- Substance use disorder
- Drug addiction

- Use (for illicit drugs)
- Misuse (for prescription medications used other than prescribed)



## Instead of...

- Habit

- Abuse

## Because...

- “Habit” implies that a person is *choosing* to use substances or can *choose* to stop. This implication is inaccurate.
- Describing SUD as a habit makes the illness seem less serious than it is.

- The term “abuse” was found to have a high association with negative judgments and punishment.
- Use outside of the parameters of how medications were prescribed is misuse.

# Talking about Recovery and Treatment



## Use...

- Medication treatment for OUD
- Medications for OUD
- Opioid agonist therapy
- Pharmacotherapy
- Medication for a substance use disorder

- Being in remission or recovery
- Abstinent from drugs
- Not drinking or taking drugs
- Testing negative (on a drug screen)



## Instead of...

- Opioid substitution
- Replacement therapy
- Medication-assisted treatment (MAT)

- Clean

## Because...

- It is a misconception that medications merely “substitute” one drug or “one addiction” for another.
- The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan.

- Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.

# Talking about Babies Born to Parents Who Used Drugs



## Use...

- Baby born to a parent who used drugs while pregnant
- Baby with signs of withdrawal from prenatal drug exposure
- Newborn exposed to substances
- Baby with neonatal abstinence syndrome



## Instead of...

- Addicted baby

## Because...

- Babies cannot be born with addiction because addiction is a behavioral disorder.
- Using person-first language can reduce stigma.
- Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.

# Does Our Choice of Substance-related Terms Influence Perceptions of Treatment Need?

Person who has a substance use disorder	Substance Abuser
When compared to the “substance abuser,” the person who <u>“has a substance use disorder”</u> was viewed as:	When compared to the person who has a “substance use disorder,” the <u>“substance abuser”</u> was viewed as:
<ul style="list-style-type: none"> <li>• More in need of treatment</li> </ul>	<ul style="list-style-type: none"> <li>• More deserving of punitive measures, such as a jail sentence and fines</li> </ul>
<ul style="list-style-type: none"> <li>• Having problems stemming from more uncontrollable biological origins</li> </ul>	<ul style="list-style-type: none"> <li>• Having problems associated with "willful misconduct" caused by personal recklessness and their own choices</li> </ul>
	<ul style="list-style-type: none"> <li>• Not as likely to elicit sympathy</li> </ul>
	<ul style="list-style-type: none"> <li>• Being able to control or stop substance use if they wanted to</li> </ul>
	<ul style="list-style-type: none"> <li>• More able overcome their problem without professional help</li> </ul>
	<ul style="list-style-type: none"> <li>• Having a less severe problem</li> </ul>



# The Language of Substance Use and Recovery

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**Addict** – higher level  
of negative association

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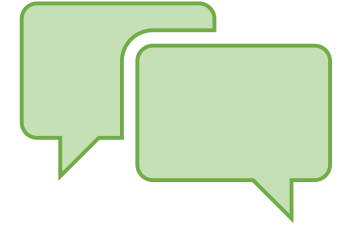
**Person with a  
substance use  
disorder** – lower level  
of negative association



# "Abusing Addiction": Our Language Still Isn't Good Enough



# Turning the Tide



- Continuing to talk about and normalize discussions about stigma and addiction is important, even though it can be challenging.
- Language around addiction is ever-evolving—today's presentation will provide the most up-to-date information and guidance around talking about stigma and language.
- Systems change is needed.
  - It should be based on evidence, not stigma
  - Involvement at the community level is critical



**Edouard Coupet Jr., MD, MS**  
**Assistant Professor of Emergency Medicine**  
**Core Faculty, Program in Addiction Medicine**  
**Yale School of Medicine**



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# Stigma of Opioid Use Disorder in the Emergency Department

New Jersey Cares: “Combating the Stigma of Opioid Addiction”

Edouard Coupet Jr, MD, MS  
April 28<sup>th</sup> 2022

Yale School of Medicine  
Assistant Professor of Emergency Medicine  
Core Faculty, Program in Addiction Medicine



# Financial Disclosures

Supported by National Institute on Drug Abuse K12-sponsored fellowship from  
7/2019-6/2021

# Outline

- Care of Opioid Use Disorder (OUD) in the Emergency Department (ED)
  - Why the ED?
  - Standard of Care for Managing OUD in the ED
- Stigma of OUD in the ED
  - Patient Perceptions of ED OUD Care
  - Intersectional Stigma
- Take Home Points

# Why should we focus on ED efforts to fight the opioid crisis?



Overdose



Screening



Seeking Treatment

# Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department



Kathryn Hawk, MD, MHS\*; Jason Hoppe, DO; Eric Ketcham, MD; Alexis LaPietra, DO; Aimee Moulin, MD; Lewis Nelson, MD; Evan Schwarz, MD; Sam Shahid, MBBS, MPH; Donald Stader, MD; Michael P. Wilson, MD; Gail D'Onofrio, MD, MS

\*Corresponding Author. E-mail: [kathryn.hawk@yale.edu](mailto:kathryn.hawk@yale.edu).

The treatment of opioid use disorder with buprenorphine and methadone reduces morbidity and mortality in patients with opioid use disorder. The initiation of buprenorphine in the emergency department (ED) has been associated with increased rates of outpatient

the group recommends that emergency physicians offer to initiate opioid use disorder treatment with buprenorphine in appropriate patients and provide direct linkage to ongoing treatment for patients with untreated opioid use disorder.

consensus, the group recommends that emergency physicians offer to initiate opioid use disorder treatment with buprenorphine in appropriate patients and provide direct linkage to ongoing treatment for patients with untreated opioid use disorder. These consensus recommendations include strategies for opioid use disorder treatment initiation and ED program implementation. They were approved by the ACEP board of directors in January 2021. [Ann Emerg Med. 2021;78:434-442.]

0196-0644/\$-see front matter

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<https://doi.org/10.1016/j.annemergmed.2021.04.023>

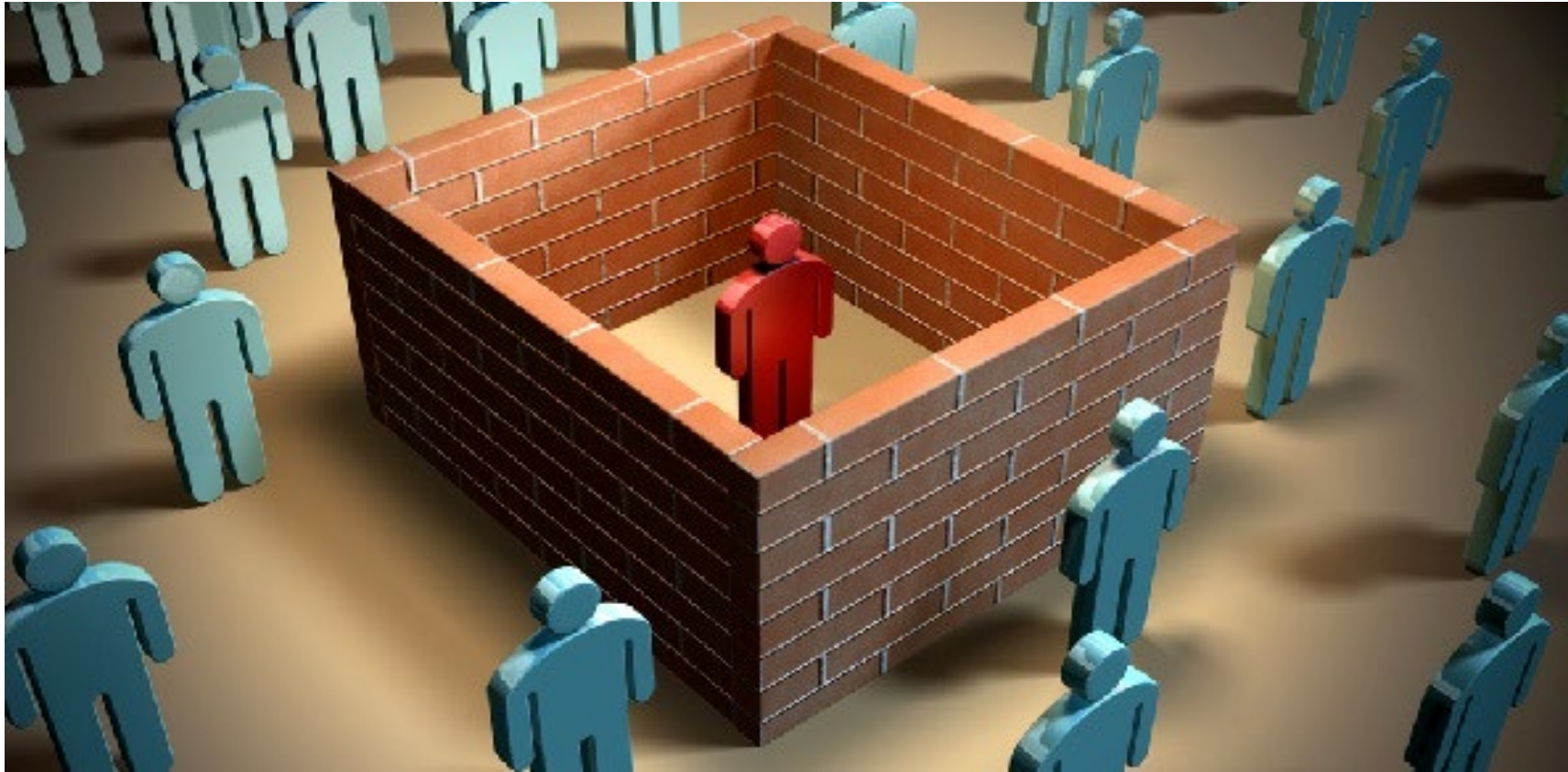


## Identifying Untreated Opioid Use Disorder in the ED

- Most patients with untreated OUD seen in the ED are **NOT** seeking a referral for addiction treatment
- Individuals in the ED with untreated OUD are challenged by multiple social risks
  - Housing instability
  - Racial/ethnic disparities
  - Unemployment

*Coupet et al.*

# Stigma of Opioid Use Disorder in the Emergency Department



# Changing the Language of Addiction

Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians.  
Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

## Terms Not to Use

- addict, abuser, user, junkie, druggie
- alcoholic, drunk
- oxy-addict, meth-head
- ex-addict, former alcoholic
- clean/dirty (drug test)
- addictions, addictive disorders

## Terms to Use

- person with a substance use disorder
- person with an alcohol use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder

**Use Person-First Language**

# Perspectives About ED Care Among Adults with OUD

- Qualitative study of 31 individuals seen in the ED with untreated OUD across 5 ED sites across US
- Six themes emerged:
  - **Stigma**
  - **Minimization of Pain & Medical Problems**
  - ED Not Seen as a Source of OUD Treatment
  - Patient Readiness to Access Treatment is Complex & Time Sensitive
  - On-demand Treatment
  - ED Staff Training Needed

*Hawk et al.*

# Stigma

Many participants reported having stigmatizing, even traumatic, experiences in the ED which affected their overall perception of ED care. One participant stated:

*“I’m being shamed and treated horribly. And then when the doctor treats you like that, then the nurses aren’t nice to you. They’re all like, oh God, here she comes again.”*



# Stigma

- For some patients, the ED was seen as the last resort for care and a place where patients' needs were often unmet. One individual said:

*“It’s one of your last options because you have no options already, so you come into this place. I know when I’m coming here, it’s really probably not going to work because they look at this whole epidemic, all of us, as people who are just almost a waste of their time.”*

# Stigma

However, several participants reported having more positive experiences recently, one participant said:

*“Just the fact that the people that I spoke with when I was here actually were happy when they were talking to me, they willing to listen to what I had to say and didn’t have any judgement towards what I said, it made me feel safe being here.”*

## Minimization of Pain and Medical Problems

Several participants expressed a desire for more than just pain medicine when seeking medical care for undiagnosed or untreated pain. One individual stated:

*“I don’t need you all for narcotics. This ain’t where I’d go to get narcotics. This is where I go to get help the legal, the right, the way it’s supposed to be, the American way, but doctors and nurses and-when you walk in, and the first thing they do is look at you like you’re a dope fiend.”*

# Intersectional Stigma

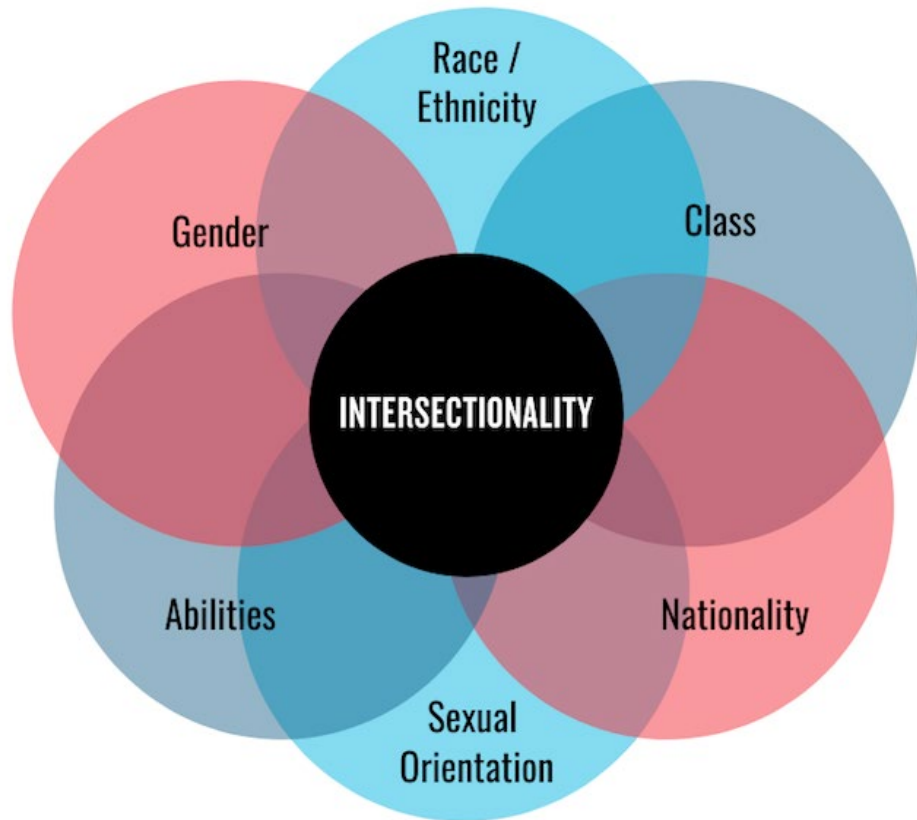


Image: First Book

- Intersectional stigma, the presence of multiple stigmatized identities within a person or group (e.g., gender/class/race & OUD), is known to further impact treatment outcomes
- Black and Latino individuals are more likely to cite stigma as a barrier compared to non-Latino White individuals

## Take Home Points

- ED serves as a hub for addiction care for all
- Most individuals with OUD don't come to ED seeking treatment
- Stigma is a significant barrier
- Use person-first language!
- Intersectional stigma exists and leads to worse treatment outcomes



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Thank you!

disparities  
addiction  
community  
equity  
access health  
treatment trauma  
wellness  
healing  
naloxone  
intersectionality methadone  
buprenorphine



**Celina Levy**

**Executive Director, Governor's Council on Alcohol and Drug Addiction**

# CONFRONTING STIGMA

*Addiction Does Not Discriminate*

The Governor's Council on Alcoholism and Drug Abuse

# CONFRONTING STIGMA

The stigma associated with addiction is powerful. It remains a major barrier to treatment and recovery for individuals and families impacted by this disease.

The Governor's Council on Alcoholism and Drug Abuse (GCADA) is committed to breaking down these barriers, to changing hearts and minds in communities across New Jersey through public awareness and prevention programming.

# GCADA

The Governor's Council on Alcoholism and Drug Abuse (GCADA) was established through legislation in 1989, with the Drug Enforcement Demand Reduction (DEDR) funds being designated as our funding source. Through the enabling legislation, there are three core functions of GCADA:

- Prevention Planning
- Awareness and Education
- Administration of the Alliance to Prevent Alcoholism and Drug Abuse



# THE COUNCIL

The following state agencies are represented on the Governor's Council on Alcoholism and Drug Abuse

Administrative Office of the Courts  
Department of Children and Families  
Department of Community Affairs  
Department of Corrections  
Department of Education  
Department of Health  
Department of Human Services

Department of Labor and Workforce Development  
Department of Law and Public Safety  
Department of Military and Veterans Affairs  
New Jersey President's Council

# THE ALLIANCE TO PREVENT ALCOHOLISM AND DRUG ABUSE

Municipalities have been participating in the Municipal Alliance program since its inception in 1989, with programs and activities that have become part of the tapestry of their respective communities, providing prevention programming across the lifespan, engaging and connecting members of their communities in the most unique and most local community prevention model in the nation.

The Alliance Program comprises 320 alliances, 1.7 million actual participants including over 400,000 youth and 30,000 older Americans, reaching millions of New Jerseyans across 465 municipalities in all 21 counties.



## STIGMA FREE ZONES

**Stigma Free Zones** are officially designated spaces where local schools, organizations, businesses and other community stakeholders unite to declare their community **Stigma Free** and raise awareness about mental health. In recognizing the connection between mental health and substance use disorders, we are pleased to say that many Alliances are participating in the effort to create **Stigma Free Zones** across the state.

**PROUD TO BE  
STIGMA-FREE**

## THE STIGMA ASSOCIATED WITH ADDICTION IS DEVASTATING

- **TRAUMA:** In studying the science of trauma, we now know that trauma is a major risk factor for a substance use disorder. Compounding the existing stigma associated with addiction, there is also a stigma associated with the underlying trauma, making it even less likely for those at risk to seek help.
- **SHAME:** Because of pervasive societal stigma and discrimination, the criminalization of addiction, and punitive approaches that are part of a still existing lack of understanding that addiction is a disease, many of those living with a substance use disorder suffer from feelings of self-shame and worthlessness. Sadly, this can also bring about the kind of hopelessness that all too often leads to overdose.

## THE STIGMA ASSOCIATED WITH ADDICTION IS DEVASTATING

Former U.S. Surgeon General, Jerome Adams:

“I think the biggest killer out there is stigma. Stigma keeps people in the shadows. Stigma keeps people from coming forward and asking for help.”

## THE STIGMA ASSOCIATED WITH ADDICTION IS DEVASTATING

Addiction is a real disease affecting real people.

Our mothers and fathers, our children, our sisters and brothers, our friends, neighbors and colleagues, and members of the communities in which we live and work.



# WORDS MATTER

When having the conversation about addiction, **WORDS MATTER**

Some years back we facilitated a session with 100 family members to explore how they and the public view addiction. Two of the questions asked were:

1. What word(s) do you think *the public* uses to describe an individual with a substance use disorder?
2. What word(s) do *you* use to describe a loved with a substance use disorder?

The following two slides contain the group's responses to these two questions.

# WORDS MATTER

Answers to question #1

Junkie • Loser • Criminal • Scum • Liar

Dirty • Lazy • Immoral

Selfish • Worthless • Waste • Hopeless

Pariah • Cursed • Lowlife

# WORDS MATTER

Answers to question #2

Sensitive Soul • Loving Father • My Beautiful Boy •  
Enthusiastic • Full of Life • Smile That Lights Up a Room  
Heart of Gold • Charming and Charismatic • Sweet Child  
Sympathetic Friend • His Life Had Purpose  
He's a Good Kid • Tireless Advocate

An Angel

So. Much. Potential

## STIGMA AND CRIMINALIZATION

Excerpt from NYT 1/26/22 Maia Szalavitz Op Ed  
entitled *Treating Addiction Like a Crime Doesn't Work*:

“Criminalization supercharges addiction stigma, and stigma is one of the biggest obstacles to recovery.”

## STIGMA AND CRIMINALIZATION

Dr. Nora Volkow, director of the National Institute on Drug Abuse (NIDA):

“The research is unequivocal that putting someone who is addicted into prison or jail actually exacerbates their condition and puts them at much greater risk for relapse.”

## MEDICATION ASSISTED TREATMENT (MAT)

Another challenge we face is the deep-rooted stigma associated with **Medication Assisted Treatment (MAT)** and related myths, misconceptions and misinformation. **MAT** has provided a successful path to recovery for countless individuals. We must combat the stigma associated with **MAT** and educate our communities to understand that those living with **substance use disorders** are entitled to, and should be provided with, **all** available options for their treatment and long-term recovery, including **MAT**.





# CHANGING HEARTS AND MINDS

## Community Level Change

*Have the conversation about stigma*

*Provide information, resources and support*

*Break down barriers in your community through education and awareness*

*Create a Stigma Free Zone in your town*

# THANK YOU



Alliance to Prevent Alcoholism and Drug Abuse  
*creating healthy & safe communities*



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***\* To register for continuing education for today's webinar, visit [KnockOutDay.DrugFreeNJ.org/credit](https://KnockOutDay.DrugFreeNJ.org/credit). \****

## **UPCOMING WEBINAR**

# **The Opioid Epidemic: A Focus on Vulnerable Populations Part II**

**11 a.m. Thursday, May 26, 2022**

**Register at [KnockOutDay.DrugFreeNJ.org/events](https://KnockOutDay.DrugFreeNJ.org/events)**



The Partnership For A  
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