

# What is Stigma?

- Stigma is a social phenomenon in which a negative attitude or belief discredits a person or group because of an attribute—including an identity or health condition (Goffman, 1963)
  - Assumes that the person who is the target of the stigma will experience discrimination due to the identified attribute

## SAMHSA defines stigma as:

- ‘the complex of attitudes, beliefs, behaviors, and structures that interact at different levels of society (i.e., individuals, groups, organizations, systems) and manifest in prejudicial attitudes about and discriminatory practices against people with mental and substance use disorders’
- (National Academies of Sciences, Engineering and Medicine, 2016)

# Types of Stigma

## Public or Social

- Public attitudes resulting in discrimination or devaluation

## Enacted

- The experience of discriminatory treatment by others

## Anticipated or Felt

- Expecting to be a target of discrimination in the future.

## Systemic

- Reduced access to care and resources due to policies & practices

## Self or Personal

- Internalization of negative stereotypes

# Stigma and Substance Use Disorders

- **‘Addiction’ is one of the most stigmatized conditions, globally** (Barry et al, 2014; Room et al, 2001)
  - **Illicit drug use – MOST stigmatized (#1)**
  - **Alcohol use - #4 (after HIV+ and criminal record)**
- **The long-lasting negative attitudes toward people with SUDs are reinforced through media (McGinty et al, 2019), which has a preponderance of negative stories that reinforce stigma.**

# Stigma and Sexually Transmitted Infections

- **Stigma is a primary barrier to STI identification and treatment**
- **Shame, embarrassment, the potential of partner notification and fear of unintentional disclosure can all deter help-seeking (Lee & Cody, 2020)**
- **“Stigma is often amplified by public health policies and clinical procedures that ...separate...people into sexual and behavioral categories (enforced by social power, often through threat of violence) associated with disapproval, rejection, and exclusion that reflect the global epidemiology of STIs” (Garcia et al, 2021)**

# Stigma, Substance Use Disorders AND Sexually Transmitted Infections

- The U.S. epidemics of opioid and methamphetamine use have led to dramatic increases in overdose deaths, as well as rising incidence of blood-borne and STIs
  - Young adults who used an illicit drug\* in the past year were 3 times more likely to get an STI. (CDC, 2022)
- **Shame, embarrassment, the potential of partner notification and fear of unintentional disclosure can all deter help-seeking (Lee & Cody, 2020)**
  - many people with substance use disorders experience coercion, violence and discrimination surrounding their reproductive health

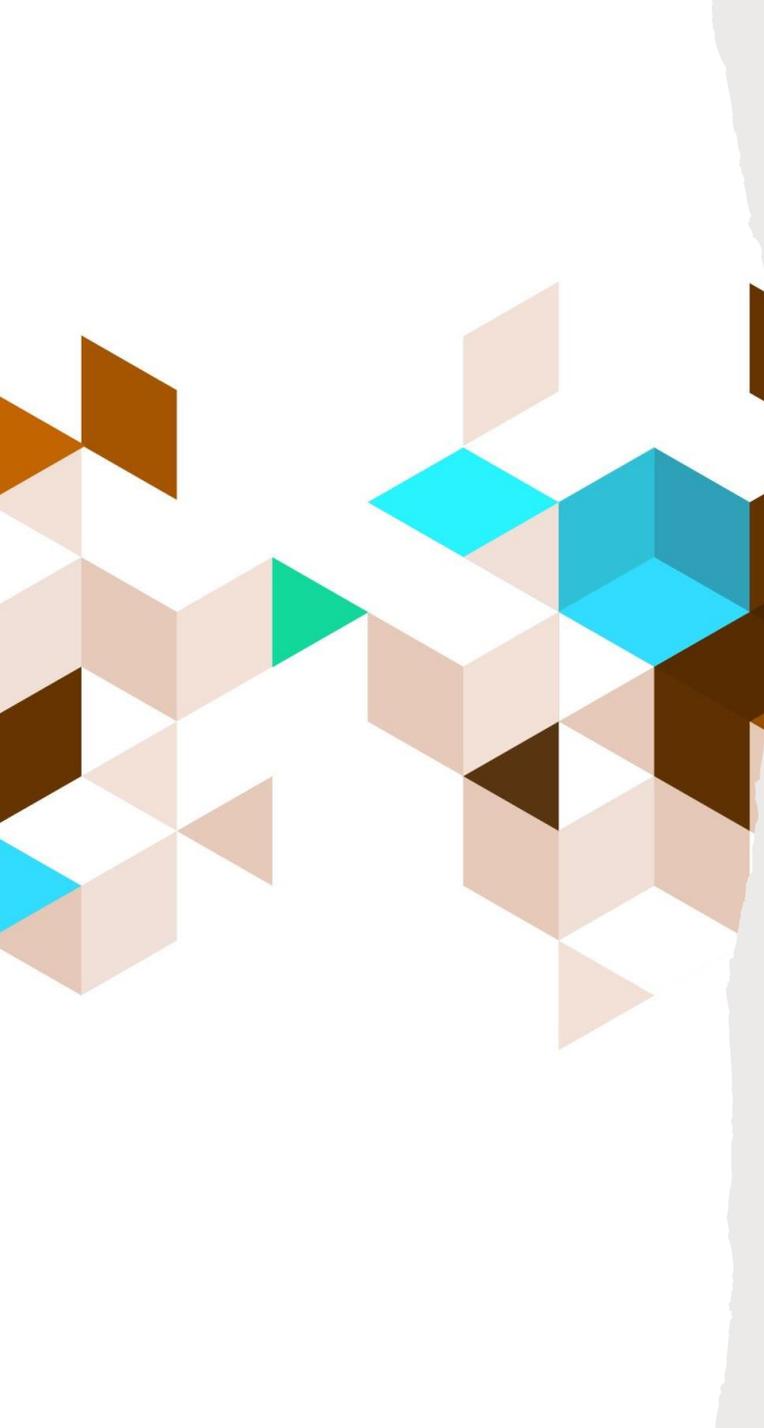
## Coercion

- May have experienced unsafe sexual behavior in return for substances
  - Many have been forced into human trafficking while under the influence
- 
- **“Stigma is often amplified by public health policies and clinical procedures that ...separate...people into sexual and behavioral categories (enforced by social power, often through threat of violence) associated with disapproval, rejection, and exclusion that reflect the global epidemiology of STIs” (Garcia et al, 2021)**



# Why the Strong Relationship Between Stigma and SUDs/STIs?

- **Blame**
    - Assumption that people caused their illness  
“She brought it on herself”
  - **Poor Prognosis and Need for Continued Care**
    - Assumption that treatment won’t help, at least not without lasting a lifetime  
“Addicts always relapse” “Herpes lasts forever”
  - **Social Distance**
    - Reluctance to form close attachments  
“I don’t want my child dating a person who...”
  - **Fear**
    - Fear that people with SUDs are dangerous or fear that SUD or STI could happen to anyone  
“We’re a good family – that will never happen to my kids.”
- 
- Kelly, 2021



# The Implications of Stigma

- **Stigma reduces human dignity**
  - 1. Public and enacted stigma marginalize, isolate, or “other” individuals**
  - 2. Systemic stigma violates the human right to care and concern by limiting access to treatment**
  - 3. Internalized stigma reduces self-esteem and increases isolation**
  - 4. Anticipated stigma decreases help-seeking behavior**



# Engaging in Treatment

- Once a person engages in treatment for SUD, it can be a perfect time to make sure that their reproductive health needs are also being met
  - A “no-wrong-door” approach – providing or connecting a person to all the services that meet their needs wherever they seek care – is crucial (CDC, STI Fact Sheet, 2022)

Cooperation is needed across agencies to address structural drivers that influence high risk sexual networks and impede access to STI testing and treatment

- Integrated care delivery models for STIs and related syndemics (HIV, HCV, Substance Use) are needed (CDC, 2022)





# Rural Reproductive Health Care Thoughts

Overall lack of sexual health care and substance use care

- Lack of SU awareness, screening and treatment
- Lack of STI awareness, screening and treatment
- Lack of patient education
  - Perception of prevailing stigma and conservative belief system within rural communities can often hinder search for reproductive healthcare and SU treatment (Office of Population Affairs, 2020)

# Stigma in Practice: Scenario

- Alice is going to see Dr. Jones for an annual checkup. She has gained some weight since her last physical, and she is hoping to get some advice from Dr. Jones about how to adjust her diet.
- When Dr. Jones sees Alice, he says, “Oh, I see you’ve fallen off the sugar wagon. You know, at your age, you are at risk for Type II diabetes if you can’t get your food consumption under control. I won’t be able to keep you on as a patient if you can’t manage that.”





# Stigma is Intersectional

---

- **Stigma can also be attached to identity**
  - **Gender**
  - **Age**
  - **Size**
  - **Sexual Orientation**
  - **Race**
  - **Class**

# Language: A Powerful Tool to Reduce Stigma



- Use person-first language
- Use objective terms, rather than values- or morality-based words
- Avoid fear-based or sensational language
- Avoid slang or derogatory terms

# AVOID

Addict, junkie, pothead, alcoholic

Tested clean/Tested dirty

Clean/Sober/On the wagon

Drug Abuse

Addicted baby

Addiction is a lifelong battle

# USE

Person with a substance use disorder

Positive or negative test

In recovery

Use (illicit) or Misuse (prescribed)

Newborn exposed to substances

SUDs can be treated



# Addressing Stigma in the Workplace

**Caring for people impacted by SUDs/STIs can be challenging**

**Personal biases and mis-information can impact the language we use in the workplace**

**Hearing conversations that are disrespectful and judgmental can create ethical conflict and moral distress**

It can be helpful for all of us to:

- Become more aware of our own biases
- Consider the language that we use when speaking with clients
- Consider the language that we use when speaking with our colleagues
- Learn how to create a healthy dialogue to inform and redirect stigmatizing conversations



## The ACTS Tool

**ACTS** is a guided script tool for responding respectfully and constructively in the patient care environment when you see or hear colleagues stigmatizing clients through their language and actions

- The tool uses four steps to address the concern: “Acknowledge, Create, Teach, & Support”

The tool was developed to address peer attitudes and stigma in relation to substance use in pregnant and parenting people; however, it is easily adaptable to other situations

Please consider “ACTing” when you encounter a colleague who is using stigmatizing language!

(Marcellus, L., & Poag, E.,2016)

# The ACTS Tool

Scripts are structured communication frameworks that can help initiate difficult conversations

- They may also help build confidence and skills needed to address stigmatizing behaviors

Breaking down the ACTS script

- First, **Acknowledge** the disparaging statement
  - Create an opportunity to open the dialogue
  - Do not criticize
- Next, **Create a Circumstance for Reflection**
  - Ask questions or think out loud

# The ACTS Tool

- Third, take an opportunity to **Teach**
  - Ask permission to share some knowledge about what you have learned
    - i.e. Share an article
- Finally, provide **Support** as your colleague learns a new dialogue
  - Encourage peers to try new approaches with clients
  - Identify the moral courage to try a new language
  - Debrief those approaches
  - Celebrate successes!





# Application of ACTS: Case Scenario

# References

CDC, 2022

Garcia, P.J. et al (2021).The role of sexually transmitted infections (STI) prevention and control programs in reducing gender, sexual and STI-related stigma. *eClinical Medicine*. <https://doi.org/10.1016/j.eclinm.2021.100764>

Lee, A. S. D., & Cody, S. L. (2020). The Stigma of Sexually Transmitted Infections. *The Nursing clinics of North America*, 55(3), 295–305. <https://doi.org/10.1016/j.cnur.2020.05.002>

Marcellus, L., & Poag, E. (2016). Adding to our practice toolkit: Using the ACTS script to address stigmatizing peer behaviors in the contact of maternal substance use. *Neonatal Network*, 35 (5), 327-332. <https://doi.10.1891/0730-0832.35.5.327>

Recto, P., McGlothen-Bell, K., McGrath, J., Brownell, E., & Cleveland, L. (2020). The role of stigma in the nursing care of families impacted by neonatal abstinence syndrome. *Advances in Neonatal Care*, 20(5), 354-363. <https://doi.10.1097/ANC.0000000000000778>

Renbarger, K., Shieh, C., Moorman, M., Latham-Mintus, K., Draucker, C. (2020 ). Health care Encounters of Pregnant and Postpartum Women with Substance Use Disorders. *Western Journal of Nursing Research*, 1-17. <https://doi.10.1177/0193945919893372>