

Press Release

August 23, 2021

FOR IMMEDIATE RELEASE

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SAFE Glen Cove Coalition: NIDA Seeking To Change Societal Norms About Substance Use Disorder

According to the National Institute on Drug Abuse (NIDA), our understanding of substance use disorders as chronic but treatable health conditions has come a long way from long founded misperceptions that individuals who used drugs had a flaw in their character- or worse. Yet societal norms surrounding drug use and addiction continue to be informed by unfounded myths and misconceptions. Among the most harmful of these is the scientifically unfounded belief that compulsive drug-taking by individuals with addiction reflects ongoing deliberate antisocial or deviant choices. This belief contributes to the continued criminalization of drug use and addiction.

While attitudes around drug use, particularly use of substances like cannabis, have significantly changed in recent decades, the use and possession of most drugs continue to be penalized. Punitive policies around drugs mark people who use them as criminals, and so 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.

NIDA researchers maintain stigma has major negative impacts on health and well-being, which helps explain why only 18% of people with drug use disorders receive treatment for their addiction. Stigma impedes access to care and reduces the quality of care individuals receive. People with addiction, especially those who inject drugs, are often distrusted when presenting for care in emergency departments or when visiting other providers. Physicians holding stigmatizing attitudes may not provide adequate evidence-based care for patients with addiction.

A recent national survey of primary care doctors found that although most believe that opioid use disorder is a treatable medical condition, most also expressed similar stigmatizing views toward people with opioid use disorder that are held by the wider population. More stigmatizing attitudes among primary care physicians were correlated with lower use of medication in treatment of opioid use disorder and lower support for policies designed to increase access to those medications.

The perception of stigma by people with substance use disorders may cause them to avoid or delay engaging with health care or conceal their drug use when interacting with health care professionals. Even when care is confidential, residential treatment or daily visits to receive treatment, particularly in close-knit communities, can be noticed and trigger judgment. According to the National Survey of Drug Use and Health, fear of negative opinions by neighbors or people in their community is one of the reasons people who know they need treatment for a substance use disorder avoid seeking it.

Additionally, fear of possible criminal consequences for drug use can shape people's health decision-making in many potentially harmful ways. Substance use may be an important fact to consider in a

routine medical visit, so its concealment can lead a physician to overlook major factors in a patient's health. In some states, pregnant people with substance use disorders risk being charged with child abuse or otherwise losing their parental rights if their child shows evidence of prenatal drug exposure or is born with neonatal abstinence syndrome. Fear of such consequences of substance use may cause individuals to avoid much-needed prenatal care, treatment, and other services.

The stigma against addiction extends to those who provide care for the condition and to the medications and harm-reduction measures that are used to address it. For example, methadone and buprenorphine are highly effective at helping people recover from opioid use disorders, but lingering prejudice that mixes together the taking of medication for the use of harmful substances is one factor that prevents people from being treated with these medications.

Although treatment for addiction is becoming more integrated into medicine, it has faced major challenges on many fronts and requires overcoming health care providers' attitudinal barriers as well as hurdles arising in part from confidentiality protection laws that may limit gathering and sharing data on patients' use of illicit substances. When doctors don't ask about patients' drug use, they may miss information that is important to their care. Stigma also contributes to insurers setting restrictive limits on what they will cover for medications to treat substance use disorders.

Many people intersect with the criminal justice system as a direct or indirect result of their substance use disorders, and the experience may worsen their addiction and their physical and mental health. Although roughly half of people in prison have a substance use disorder, few receive treatment for it. People with untreated opioid use disorder are highly likely to return to drug use upon release, all too often with fatal consequences because of lost tolerance to the drug while in prison. Imprisonment itself not only increases the likelihood of premature death but also negatively impacts mental health and social adjustment via the stigma of having been incarcerated. And it has radiating effects: For example, incarceration of a parent increases their children's risk of drug use.

Research has consistently shown that when people interact with members of a stigmatized group and hear their stories directly, it has a powerful destigmatizing effect, more than simply educating the public about the science underlying a condition. But while a growing number of people in recovery are speaking openly about their past use and their current struggles to keep sober, people who use drugs actively — either because of an untreated addiction or during a period of relapse or even simply as a matter of personal choice outside the context of a use disorder — are not free to do so without fear of legal consequences. The silence of people living with active drug use disorders due to the stigma associated with their condition means the wider public has no opportunity to hear from them and no opportunity to revise their prejudices, such as the belief that addiction is a moral failing or a form of deviance.

An effective public health response to substance use and substance use disorders must consider the policy landscape of criminalizing substance use, which constitutes a major socially sanctioned form of stigma. In addition to research already underway on stigma and stigma reduction at the National Institutes of Health, research on the positive and possible negative outcomes associated with alternative policy models that move to prioritize treatment over punishment are also urgently needed, as such models could remove a major linchpin of the stigma around drug use and addiction and improve the health of millions of Americans.

The National Institute on Drug Abuse (NIDA) is a United States federal-government research institute whose mission is to "lead the Nation in bringing the power of science to bear on drug abuse and addiction". For more information please visit www.drugabuse.gov.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its

consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.