

**For press inquiries to NIDA:** <https://www.drugabuse.gov/news-events/contact-press-office>

**Background: How Stigma Sabotages Treatment**

Adapted from

- a. The NIDA Director's Blog at:  
<https://www.drugabuse.gov/about-nida/noras-blog/2020/04/addressing-stigma-surrounds-addiction>
- b. NIDA Announcement: Stigma and addiction addressed in New England Journal of Medicine ; Perspective written by NIDA Director Dr. Nora Volkow. M.D. <https://www.drugabuse.gov/news-events/announcement/stigma-addiction-addressed-in-new-england-journal-medicine>
- c. [Drugs, Brains and Behavior: The Science of Addiction](#)
- d. Effective Treatment for Opioid Addiction: NIDA Policy Brief  
<https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction>
- e. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press.  
<https://doi.org/10.17226/25310>.

Untreated opioid use disorders contribute to tens of thousands of overdose deaths every year and affects the lives of many more. Healthcare already has effective medications and other tools that could prevent many of these deaths, but they are not being utilized widely enough, and many people who could benefit do not even seek them out. This is due in large part to stigma: the public and even many in medicine and the justice system continue to view addiction as a result of moral weakness and flawed character.

This stigma against people who use drugs continues to sabotage access to effective treatment. Decades of research have demonstrated that drug use alters brain circuitry which over time hijacks a person's ability to stop taking drugs, leading to irrational drug seeking. In addition, behaviors related to the desperate needs of addiction reinforce old, incorrect assumptions about personal responsibility, and the false belief that willpower should be enough to stop drug use. Those who have experienced addiction in their families know that it leads to individual behavioral changes that defy

**Stigma Against Medication: A National Academies of Sciences Report**

*A 2019 review by the National Academies of Sciences reports that less than 35 percent of adults with opioid use disorders had received treatment in the past year, and only 6% of substance use facilities offered all three FDA approved medications. There is some public concern about methadone and buprenorphine in particular-- medications that activate the brain's opioid receptors. Attitudinal surveys and information collected from professional groups showed a high level of misinformation and stigma related to these medications, despite their proven effectiveness. There is a perception among many that these medicines simply substitute one drug for another, and potential prescribers worry about misuse (diversion) of these drugs.*

*However, it is important to note that the treatment dosage of these medications do not produce euphoria; they restore balance to the brain circuits affected by addiction, and allow the patient's brain to heal while working toward recovery. The report notes that methadone diversion rates in the United States have been declining by 13 percent each year since 2011, and the rates of both misuse and diversion decline as buprenorphine availability increases.*

*--from Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25310>.*

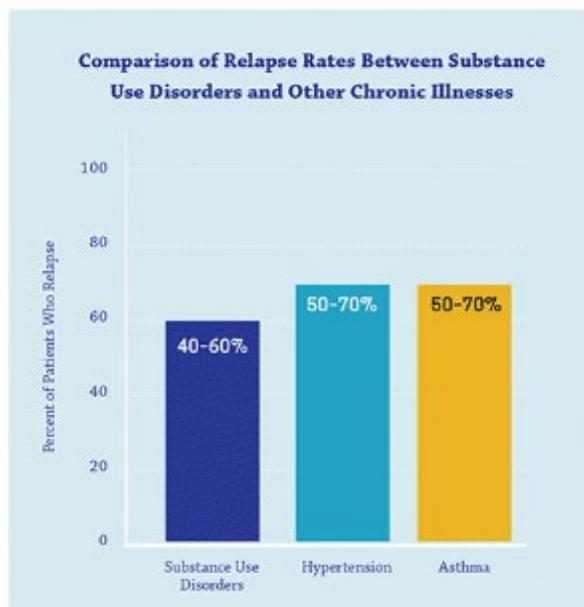
societal norms, making compassion challenging, even for loved ones trying to help.

Research tells us that this external stigma becomes internalized by the patient, and the resulting social isolation can encourage further drug taking. If stigma reduces social connectedness and promotes discrimination towards the person who is addicted, then it will contribute to the cycle of drug taking and interfere with treatment.

### **Educating the public about addiction as a brain disease.**

To counter stigma, it is important to promote awareness of addiction as a chronic relapsing and treatable brain disease. There are good models for this change of thought. Historically, stigma has been a problem with many chronic health conditions ranging from cancer and HIV to many mental illnesses. Some gains have been made in reducing stigma around certain conditions; for example, public education and widespread use of effective medications has demystified depression, making it somewhat less taboo now than it was in past generations. But little progress has been made in removing the stigma around substance use disorders. People with addiction continue to be blamed for their disease.

Some societal criticisms of people who struggle with addiction point to the “revolving door” of inpatient treatment. However, it is important to note that relapse rates for drug use are similar to rates for other chronic medical illnesses, such as asthma or hypertension. Simply put, if people stop following their treatment plan, they are likely to relapse. Newer treatments for opioid use disorders, including medication, are designed to help with relapse prevention. Treatment of any chronic disease involves changing deeply rooted behaviors, and relapse doesn't mean treatment has failed. When a person recovering from an addiction relapses, it indicates that the person needs to speak with their doctor to resume treatment, modify it, or try another approach.



JAMA, 284:1689-1695, 2000.

Image: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery> (Note: This is not a JAMA image—the information in the image is from JAMA. NIDA made the graph so it is usable.)

Caption: Relapse is common across many chronic illnesses. Substance use disorders should be treated like any other chronic illness, with relapse serving as a sign for resumed, modified or new treatment.

## Stigma in health care

Stigma can be a problem in the health care industry as well, when overworked and undertrained clinicians and first responders struggle to deal with the onslaught of opioid overdose patients in emergency settings. Note this recent statement from Dr. Nora Volkow, Director of the National Institute on Drug Abuse:

*Tacit beliefs or assumptions about personal responsibility — and the false belief that willpower should be sufficient to stop drug use — are never entirely absent from most people's thoughts when they interact with someone with a drug problem. Health care professionals are not immune to these assumptions. Indeed, they may hold stigmatizing views of people with addictions that may even lead them to withhold care. In emergency departments, for instance, health care professionals may be dismissive of someone with an alcohol or drug problem because they don't view it as a medical condition and therefore don't see its treatment as part of their job. People who inject drugs are sometimes denied care in emergency departments and other hospital settings because they are believed to be drug-seeking. ([Perspective, New England Journal of Medicine: April 2020.](#))*

The stigmatization of people with substance use disorders may be even more problematic in the current COVID-19 crisis. People with opioid use disorders already have a greater risk of homelessness and lack of access to care, but now, the legitimate fear around contagion may mean that bystanders or even first responders will be reluctant to administer naloxone to people who have overdosed. There is also a danger that overtaxed hospitals will pass over those with obvious drug problems when making difficult decisions about where to direct lifesaving personnel and resources.

## Need for acceptance and compassion

The addiction field itself has created [guidelines](#) to reduce stigmatizing language, but personal attitudes are harder to change. There must be wider recognition that the brain changes seen with addiction are substantially influenced by factors outside an individual's control, such as genetics or the environment. Respect and compassion, with access to care, is more effective than stigmatizing and isolating patients for something they can no longer manage or control. Treating patients with dignity and understanding is the first important step.