

INVITED REVIEW

The Most Severe Stigma: Stigma Toward Substance Use Disorder

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Main Points

- Throughout history, chronic, infectious, and mental diseases have been stigmatized by society.
- Stigmatization toward people with substance use disorder (SUD) is the first rank in the world.
- Stigma toward SUD in the health system prevents individuals from seeking help, counseling, and treatment.
- Stigma not only negatively affects the individuals with SUD but also their families.

Abstract

Stigma is a concept since Ancient Greece and has been effective in shaping the social structure. Throughout the historical process, chronic, infectious, and mental diseases have been stigmatized by society. Mental illnesses are more severely stigmatized than physical diseases. Stigmatization toward substance use disorder is the first ranked in the world. This situation has been associated with the lack of knowledge about the disease, the terminology and language of the disease, and effects and the criminalization of substance use. When stigmatization against individuals with substance use problem is reflected in health systems, it appears as an important obstacle to treatment. In addition, stigmatization is reflected in systems such as education, law, and economy. Therefore, individuals experience problems and face discrimination in these systems. This situation shows how important stigmatization is in preventing human needs. The impact of social stigma on the individual can lead to self-stigmatization. When people with substance use disorder perceive the stigmatization of society, they internalize and feel guilt and shame. They prefer to hide the illness and self and become socially isolated and lonely. As a result, stigmatization becomes a major problem, creating a vicious circle. The solution to this should be done through structural elements and society.

Keywords: Addiction, alcohol use disorder, mental disorder, society, stigma, substance use disorder

Introduction

The causality of stigma and its effect on societies have always been the subject of debate. It is emphasized that the structure of communities and bio-cultural factors may be effective in the formation of stigma. An individual needs group life for survival and gene transfer. Stigma has begun with not behaving in accordance with group life and posing a threat to the group centuries ago (Taşkın, 2007). Throughout history, chronic, infectious, and especially mental illnesses (MI) have been stigmatized. Today, the stigmatization of MI continues despite the changes in knowledge regarding the causality of

mental disorders (MD) and scientific advances. In this respect, stigma emerges as an obstacle to the distance that needs to be taken in MI. Stigmatization of substance use disorder (SUD) ranks first in the world. It is related to the lack of information about the disease, the terminology and language of the disease, and effects of substances and the criminalization. Structural and public stigma leads to a vicious circle in the lives of individuals with SUD. It causes difficulties in work, health, school, and interpersonal relationships. In particular, it emerges as an obstacle to access to treatment. For this reason, stigma is seen as a major social problem that needs to be solved. In this review, it is aimed to draw

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attention to why the stigma of SUD is the most severe. This paper includes an evaluation of the stigmatization process and consequences of people with SUD.

Background and Historical Process of Stigma

Stamp means scar, stain, shame, and humiliation sign, and this meaning was derived from Ancient Greece (Avçıl et al., 2016). The stamp was used first in Ancient Greece to leave a permanent mark on the bodies of criminals, traitors, and slaves. It was used to show the morally bad and incompatible people in society. The similar method was applied to criminals in the Middle Ages. With this symbol, the characteristics and disorder of the individual were brought to the fore in society (Adak, 2010). With the onset of epidemics, stigma focused on diseases. Throughout history, chronic, infectious, and MI diseases have been stigmatized by society. The unknown causality of the disease, being contagious, or disrupting functionality in the social field are determinants in shaping social perception. In the 1300s, the “plague” was described as a “black death” and was seen as a punishment sent by God for sinful behavior. In the Middle Ages, there was a pattern of thinking that people with MI were punished by God, were under the influence of demonic spirits, and could be harmful to their environment. Throughout history, the reason for the occurrence of diseases has been seen as the guilt or sin of sick people. A belief was developed: divinely punishment (Ertem, 2020).

Stigmatization Process

The stigma is a symbol of inadmissibility that distinguishes an individual with specific characteristics, physical or MD from normal people (Adak, 2010). Goffman states that stigma is directed toward physical disabilities/deformities (disability), personality traits (alcoholic, drug addict, homosexual, criminal, mentally ill, and unemployed), and ethnical/ethnological (relevant to religion, race, color, ethnic origin, or class differences). Ethnic stigmas apply to lineages and affect all family members (Goffman, 2014).

Stigmatization process occurs in three stages such as structural, public, and self-stigma.

Structural Stigma

Structural stigma lies in the background of public stigma. The state, politics, media, law, economy, health, religion, and education are systems that constitute the structural stigma. Therefore, individuals encounter stigmatization as a part of their daily life (Özmen & Erdem, 2018). Legal rules, policies, and media are effective elements in structural stigma. Institutional policies cause discrimination over school, job opportunities, and health systems (Ong et al., 2020).

Public Stigma

In public stigma, individual-specific differences are evaluated outside of society’s values and norms and built based on

deviation. Society determines the criteria and values that can be considered normal. When the characteristics and behaviors that fall outside of society’s values and norms emerge, public stigmatization begins. In this process, negative characteristics are attributed to individuals, and people are labeled by attributing thoughts that reduce their dignity or embarrassment (Goffman, 2014; Taşkın, 2004).

Self-Stigma

Individuals who perceive structural and public stigma can accept the labels. Self-stigma is defined as a stigmatized group member’s own adoption of negative societal beliefs and feelings, as well as the social devaluation, associated with their stigmatized status (Stangl et al., 2019). Feelings such as worthlessness, hopelessness, shame, anger, and fear are experienced in internalized stigma. This situation causes individuals to avoid public space and social relations. They prefer to isolate themselves. Thus, loss of social status, social rejection, social exclusion, marginalization, and social isolation occur (Luoma et al., 2007; Roche et al., 2019). It is seen that individuals who feel severe stigma experience more difficult processes such as accepting their disease, creating resistance to treatment, and delaying or quitting treatment (Copello et al., 2009).

Components of Stigma

Stereotype

Stereotypes can be dogmatic, derogatory, and base on misconceptions. Stereotypes are schematic representations of cultural elements structured by society. When a stereotype is formed, beliefs or qualities suddenly become apparent in mind. For example, when a person with MI is mentioned, stereotypes such as “dangerous,” “unclear what to do” suddenly come to the mind (Taşkın, 2007). Stereotypes such as “weak-willed,” “dangerous,” and “fraudulent” can be formed against alcohol addicts and visualized in the mind (Yılmaz & Cüceler, 2019).

Prejudice

Prejudice is not a cognitive appraisal of one’s facts. In this process, the judgments and stereotypes that society has formed before are effective. When stereotypes cause emotional reactions, the prejudice that thought and emotion are integrated occurs (Taşkın, 2007). Prejudices are the integrated state of thought and emotion. An individual can internalize his/her prejudice toward a group, and make it a part of his/her ego system, and perceive it as his/her personal preference.

Discrimination

Discrimination is the deprivation of certain rights and benefits of people or groups that society has prejudiced. Discrimination is the form of prejudices turned into behavior. Allport has defined a five-stage community behavior pattern related to discrimination (Figure 1):

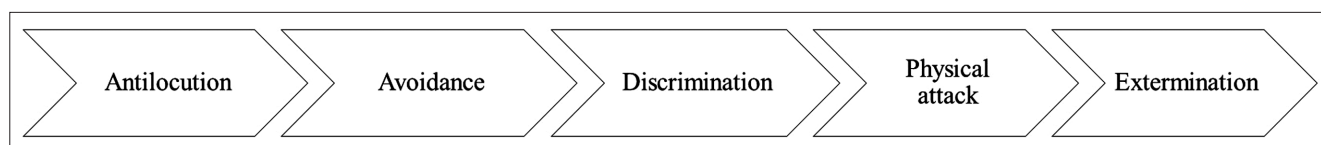


Figure 1. Allport Discriminatory Behavior Model.

1. Antilocution phase: Prejudiced individuals talk to people who think like them and share their negative thoughts.
2. Avoidance phase: The individual avoids being with people and groups that he/she is prejudiced against.
3. Discrimination phase: The individual opposes people to whom it is prejudiced from benefiting from services such as employment, housing, education, health, and political rights.
4. Physical attack phase: Violent and aggressive behavior is carried out against the prejudiced group. There may be attacks on workplaces, homes, and places of worship.
5. Extermination phase: There are activities such as mass extermination and genocide of target groups (Allport, 1954).

Stigma Toward Mental Disorders

Stigma emerges as an obstacle to the distance that should be taken in MI in terms of negative effects. Historically, MI have been stigmatized more than physical disorders. The fact that the MD is visible and attracts attention in society is effective in its stigmatization. Lack of knowledge about the disease, unexpected and inappropriate behaviors of some individuals with the disease cause unrest, fear, anxiety, and uncertainty in society. At this point, stereotyping toward people with MI as “dangerous,” “unpredictable,” and “incompetent” has been effective in the initiation of exclusion (Ong et al., 2020). The society’s perception of “dangerousness” changes according to the MD. Perception of being dangerous of a drug user is more severe than alcohol use disorder (AUD) and schizophrenia (Parcesepe & Cabassa, 2013).

Evaluating MI differently from other physical illnesses and not considering them as a health problem affects stigma (Taşkın, 2007). A total of 80% of psychiatric patients experienced discrimination (Zhang et al., 2019). Society focuses on character flaws. The personality traits and the identity of the individual before the disease are ignored. A new identity has been constructed for the individual. Stigma is the biggest obstacle to participation in treatment for MI. This shows that the result of stigmatization is as dangerous as the disease (Taşkın, 2004).

Corrigan and Watson (2002) have modeled stigma toward MI as stereotypes (belief), prejudice (emotions), and discrimination (behaviors). Attitudes, affects, and behaviors form the socio-cognitive model of stigma (Figure 2).

Stigma Toward Substance Use Disorders

Stigma toward people with AUD and SUD are more severe than other MD. According to World Health Organization research, drug addiction stigmatization ranked first among 18 different health problems (Crapanzano et al., 2019). Although SUD

is accepted as MI, the existence of different evaluations within the justice system and the evaluation of substance use as a crime affect stigmatization. There are discussions that although illegal behaviors due to brain damage are considered innocent in the justice system, illegal behaviors due to SUD are evaluated differently. There are approaches such as “If addict people are punished for their addiction, people with MI can also be punished for their mental state” and “If both are diseases, they should be treated” (Avery, 2019).

In stigma, the definition of the disease and the use of words and terminology are determinative. In order to deter alcohol and drug use, derogatory and stigmatizing terms such as “alcoholic,” “drunk,” “drug addict,” “addicted,” and “junkie” are frequently used by society. Expressing individuals as “substance abuser,” “addicted” and toxicological test results as “dirty” increases stigmatization. The damaging language leads to the construction of misinformation about the disease and different perceptions (Wakemann, 2019). The definitions of “substance abuse” and “substance addiction” in the *Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV)* were removed, and it has been expressed as “SUD” in the *DSM-5* version. With words such as “abuse” and “addicted,” a permanent, stigmatizing expression is imposed on the identity of people who use drugs. The phrase “dependent” implies that “the person will always have the same behavior and change is not possible” (Demirbaş, 2020). It is also emphasized that addiction is a chronic disease and creates a perception of continuity, permanence, and incurability for society.

In a systematic review, the evaluation of alcohol dependence as MI was found lower than the other MD. Alcohol addicts were seen as responsible for their situation and blamed by society. Negative attitudes toward people with SUD increased, and social acceptance decreased. It was also found that negative stereotypes did not change in the attitude studies conducted toward alcohol-dependent individuals in 1990 and 2010 (Schomerus et al., 2010). Society may consider alcohol and substance use as a moral situation and behavior problem rather than a “disease.” If alcohol and substance use caused aggression, violence, unsafe and risky behaviors, infectious diseases (HIV/AIDS), social problems, crime, and failure to fulfill social roles (parent role, employee role), social condemnation increases (Roche et al., 2019). Many negative personality traits are attributed to people with alcohol and substance use problems. Morals of people are questioned; it is thought that they are weak-willed and have a criminal tendency (Wilkens & Foote, 2019). It has been revealed that individuals with SUD are more stigmatized than those with AUD. It has been found that the evaluation of substance use as a crime increases stigma (Ögel, 2007). The place where the substance is used (street,

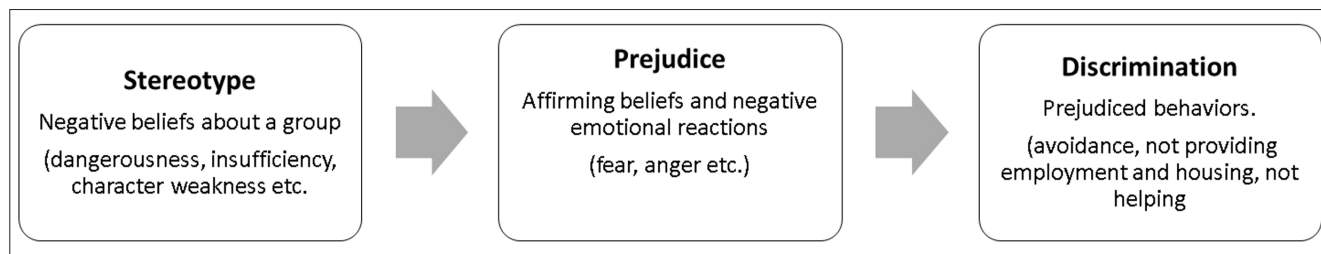


Figure 2. Stigma Model Toward Mental Disorder.

toilet, home, etc.) and the behaviors under the influence of the substance are determinative for stigmatization. Character traits, gender, race, belonging to any social group (LGBTI, race), social status, and profession also affect the approaches of society (Roche et al., 2019).

Society's point of view and labeling toward men and women who use substances are different. Focusing on women's gender roles and moral values makes the stigma against women more severe. There are thoughts that "a woman cannot be a good wife and mother"; "family unity will be destroyed" (Ögel, 2007). For this reason, women are labeled as "morally weak," "irresponsible," and "negligent." This approach and the expectations from women with SUD lead to a significant barrier of help-seeking behavior of the women (Otiashvili et al., 2013). Especially motivation to access treatment and help-seeking behavior are lower among women. This situation causes very few female patients in the clinic, and women are late in applying for treatment. Few women with alcohol or substance use problems participate in treatment-related processes. According to European Monitoring Center for Drugs and Drug Addiction (EMCDDA) 2018 report, there are 36.3 million women and 56 million men who experience substance use in their lifetime; 14% of cannabis users, 20% of heroin users and 16% of cocaine users are women in applying for treatment (EMCDDA, 2018). The difference in the addiction-related processes of men and women is explained not only by their biological characteristics (metabolic system, hormone system, organic structure of the brain) but also by their psychological characteristics and social factors. The social perspective toward women focused on being a mother, a wife, affects the addiction-related processes of women. In addition, women's alcohol or substance use problem has a greater impact on their family, social life, and employment (Aldemir, 2020).

The racial and ethnic origin-oriented approach of the United States also affects the stigma of substance use. Differences based on race, ethnicity, and color are effective in the political arrangements and social approaches toward substance users. While the majority of Caucasians are thought of as mentally ill and needing treatment, very few are labeled as "guilty" and "irresponsible." Most of the Black people with SUD are labeled as delinquent (Avery, 2019; Netherland & Hansen, 2016). Opioid (heroin, morphine, etc.) addiction is associated with criminalization for the Black race and medicalization for the White race. Although the death rates due to opioid overdose of White and Black races are similar, the approach of the society is different. Despite the clinical results, it is seen to what extent the political approaches and the society/s point of view affect the evaluations. It is stated that Buprenorphine treatment, which is used for the reduction of opioid dependence, is also recommended especially for the Caucasians (Mendoza et al., 2019).

Types of substances and methods of use also affect stigmatization. Heroin users are stigmatized more than cannabis users; intravenous heroin users, according to inhalers, are more stigmatized (Roche et al., 2019). Particularly, people who inject drugs and internalize stigma are less likely to participate in harm reduction programs such as injector replacement. This situation poses a risk for the increase of infectious diseases (Rivera et al., 2014).

Structural Stigma Toward Substance Use Disorders

Stigma in Media

Media, which is an effective power of structural stigma, shapes public stigma toward people with SUD. A society mostly obtains information about drugs and the behaviors of users from the media. The media has a decisive role in perception management, forming social discourse, and visual idols about addiction (Gezen, 2018). The representation of substance use in the media is effective in the formation of public policies. It is stated that the press is inelaborate in the representation of substance users in the visual and written media. Substances and their usage patterns should not be shown in the press. Messages that may create prejudice should not be included in the media (Balseven et al., 2002). News about the drug trade, drug – mafia relations, deaths, seizure operations, seized substances, and their quantities are highlighted in Turkish media. The media does not cover causes of drugs, treatment, harms of substances, preventive policies, and topics to guide families (Gezen, 2018). Besides, the US media is very effective in the world. However, the intensity of negative coverage about SUD in the US media increases mental health stigmatization in other countries (Jorm & Reavley, 2014).

Specific stereotypes influenced by political considerations are used in the media and movies for substance users:

1. Tragic heroes: This group is characterized as struggling with themselves and problems in the community.
2. Rebels and free spirits: This group refers to individuals who defy the rules of society.
3. Chronic users: Effects of the drugs are exaggerated in this group. The purpose of these stereotypes is to emphasize the effects of the drugs.
4. Demonic addicts: Users are characterized by negative stereotypes such as aggressive, drunk, murderer (Ögel, 2007).

Stigma at Work

Lack of knowledge about AUD and SUD causes stigma in business life. Besides, society thinks that alcohol and substance users can show aggressive or inappropriate behaviors while under the influence of drugs. This situation also shows that negative value judgments cannot be overcome despite the individuals' talents, contributions, and achievements. People with SUD are evaluated as not having the intelligence, talent, success, ideas, and contributions specific to a good employee. Because these assumptions are implicit, they lead to strong negative emotional reactions (Krupa et al., 2009; Roche et al., 2019). Experiencing problems related to substance use by coworkers exacerbates stigma. As a result of stigma, discrimination in access to recruitment, promotion and full employment benefits, and inequality in workplace policies in the workplace can occur. These attitudes can lead to high rates of unemployment, lower wages, or uninsured employment for users and ex-users. Furthermore, in users with better professional positions, stigma negatively affects their performance at work, mental health, and career process (Krupa et al., 2009; Lancaster et al., 2017). In fact, in some professions, people tend to hide their status, as the inadequacy of legal regulations may lead to their expulsion (Luoma et al., 2007; Pokrajac et al., 2016). According to a study, 76% of people with SUD hide their use because of fear of exclusion at work (Roche et al., 2019).

Stigma in Health Systems

The stigma of SUD in the health system prevents individuals from seeking help, counseling, and treatment. It also causes people to drop out of treatment (Demirbaş, 2020). In a study, it was revealed that only 50% of people with SUD received treatment. These people expressed to avoid treatment for fear of stigma, social consequences of treatment, and being fired (Clement et al., 2015).

The attitudes of physicians and medical students toward substance users are more negative than other physical and MI. Although it is thought that physicians should have a more positive attitude than society, the media, culture, social structure, policies, and legal system affect their perspectives and approaches. Although physicians learn that “addiction is a brain disease” in their medical education, those who have a negative attitude may perceive “substance use as a moral failure” (Avery, 2019). This is attributed to the physicians’ lack of adequate education about addiction, lack of knowledge about new treatment methods, and their inadequacy in evaluating patients. In addition, reluctance to provide treatment, deny, and inability to evaluate the patient clinically lead to a vicious circle. Besides, it is emphasized that physicians see addiction treatment as ineffective. There are thoughts that this situation also leads to a stigmatizing approach (Ögel, 2007). It is stated that some psychiatrists also have a negative attitude toward addicted patients. Some of the psychiatrists think that the treatment process of the disease is long and the financial resources of the treatment are spent unusually; this time and financial resources can be transferred to other patients (Lindberg et al., 2006). It has been shown that physicians who have a positive approach feel more responsible during the treatment process, and professional or individual satisfaction is higher (Ögel, 2007). In a study conducted in Turkey, patients with SUD stated that the psychosocial support from healthcare professionals during their therapy was beneficial in the fight against the disease (Akbaş & Mutlu, 2016).

Nurses also have different approaches for addiction. In a study, nurses declared they generally play a role in screening for substance use, but they do not intend to intervene (Puskar et al., 2013). In a study conducted in Turkey that emergency room nurses see substance users as troublemakers and avoid providing health services (Ögel, 2007).

Results of Stigma Reflections to the Family

Stigma not only negatively affects individuals with the disease but also their families. It has been stated that at least one and at most five of the US family members of a person with SUD are negatively affected by the process (Wilkins & Foote, 2019). In a study, it was shown that the relatives of substance abusers and those with MI are also exposed to stigma (Kulik et al., 2008). Families do not stigmatize their relatives with substance use; on the contrary, they experience the stigmatization process together.

Families state that the media has an effect on the perception of substance use. Negative news and misconceptions about people who use substances are more common in the media, and less information is given about treatment methods or the disease (Wilkins & Foote, 2019). For this reason, the perspective of society is shaped by the news in the media, the legal system, and policies.

The society holds families responsible for their children’s substance use and their inability to prevent them. In this process, the families are perceived as guilty and culpable. It is assumed that parents fail to instill appropriate values and teach good morals to their children. Society questions their parenting. There is also a perception that parents do something wrong, leave their children too relaxed or rigid. For this reason, when families want to help their relatives, they face discrimination at school, at work, in the treatment system, and in the justice system. Families also tend to hide their relatives’ illnesses for fear of stigmatization. Family members avoid treatment in order not to be labeled as “co-dependent” or “dependent relative.” Because of society’s belief that “an addict is always an addict,” stigmatization of the family may persist even if the person is treated. Families suffer from this situation for a long time and experience processes related to internalized stigma. They feel guilt and shame for their relatives. They avoid social environments, stay away from society, and become isolated (Wilkins & Foote, 2019). However, in clinical observations, it is seen that families seek help more than their relatives with substance use problems. Families receive counseling from health institutions to persuade their relatives to seek treatment.

Conclusion and Directions/Suggestions for Future Research

Although knowing factors in the origin of MI, recent studies show that society continues to stigmatize people with MD. In particular, the more severe stigmatization of AUD and SUD than MI negatively affects the process of coping with the disease. Stigmatization toward people with SUD negatively affects their physical health, mental health, work, and social life. Stigmatized individuals face obstacles of receiving treatment support, owning/renting a house, and finding a job. Discriminatory attitudes also affect their interpersonal relationships and romantic relationships. They abstain from establishing close relationships and have problems in their relations. All these elements are an indication that stigmatization takes precedence over human needs.

The source of stigma is society. The first step in the processes related to reducing stigma should be changing the attitudes and perceptions of society. A systematic intervention program for society should be prepared in order to reduce the public stigmatization of individuals with SUD. It is important to change the false belief system in these interventions. If misconceptions (stereotype) about people using substances are changed, negative emotions and behaviors will also change. In these interventions, what kind of a disease SUD is and its etiology and characteristics should be explained. Videos in which people with SUD describe themselves and their processes can be shown. These interventions are also important for individuals with substance use problems to receive more support from society, for their social acceptance and their integration into society.

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