

# **SUD Stigma, Treatment and Recovery for Hispanic/Latinos Webinar 2**

## **Stigma focus/types of stigma/stigma index/using appropriate language**

Fernando J. González

Overdose Rapid Response and Prevention  
Program

El Paso, Texas

UTHSC San Antonio/ Project Vida

May 2, 2023

Presented in 2022 by the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), National Latino Behavioral Health Association (NLBHA) P.O. Box 1360, Pena Blanca, NM 87041.

[ATTCnetwork.org/hispaniclatino](https://ATTCnetwork.org/hispaniclatino)

[PTTCnetwork.org/hispaniclatino](https://PTTCnetwork.org/hispaniclatino)

This product was prepared for the National Hispanic and Latino Addiction Technology Transfer Center (ATTC) and the National Hispanic and Latino Prevention Technology Transfer Center (PTTC), under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from National Hispanic and Latino Prevention Technology Transfer Center (PTTC). For more information on obtaining copies of this publication, call 720-607-7897

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grants 1H79TI081174-01 and 1U79SP023012 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2022

# HOUSEKEEPING

- Copy of presentation
- Q&A Session
- Evaluation
- Certificate of Completion





Dr. Fernando  
Gonzalez

# Learning Series in Spanish Objectives

- ❖ Identify the impact of Opioids and Fentanyl among Hispanic /Latino adults in the U.S
- ❖ Recognize the impact of treatment for an SUD
- ❖ Understand Stigma and how it manifests
- ❖ Recognize the importance of using non-stigmatizing language for people who have an SUD

# Substance Use Disorders

## SUD's

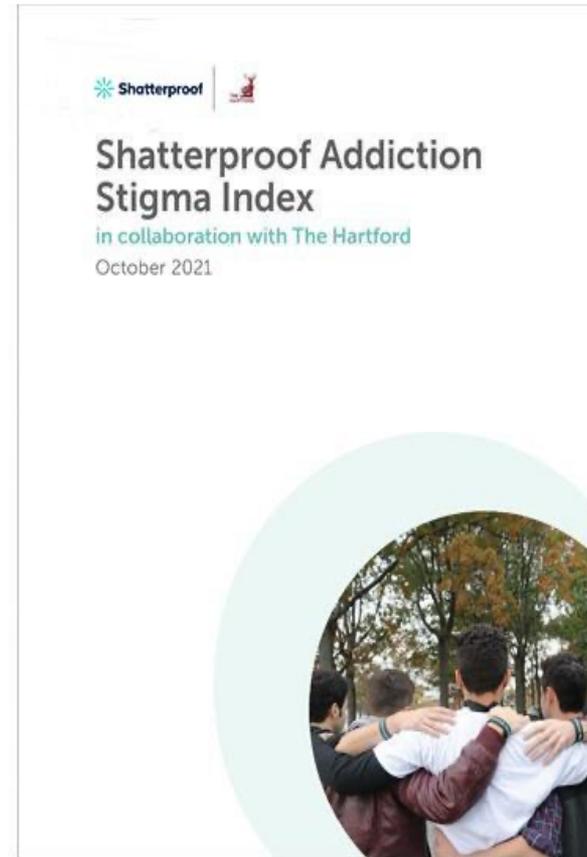
**Substance Use Disorders (SUDs)** are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use.

It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences.

<https://www.cdc.gov/dotw/substance-use-disorders/index.html>

# The Shatterproof Addiction Stigma Index

**The Shatterproof  
Addiction Stigma  
Index in  
Collaboration with  
The Hartford**  
First-of-its-kind  
research tool  
confirms stigma,  
discrimination  
deepen addiction as  
a public health crisis



# The Shatterproof Addiction Stigma Index

Stigma keeps people from coming forward and asking for help. Stigma keeps families from admitting that there is a problem.

**JEROME ADAMS, U.S. SURGEON GENERAL**

## How stigma affects the opioid epidemic

Negative attitudes about people with addiction affect their ability to find help and recover.

### Self Stigma

Accepting and internalizing negative stereotypes about oneself.

### Public Stigma

Negative attitudes and fears that isolate those with addiction.

### Stigma Against Medication

Belief that medications “trade one addiction for another”.

### Structural Stigma

Excluding those with addiction from opportunities and resources.

# The Shatterproof Addiction Language Guide

What is stigma? There are four types of stigma Shatterproof has identified as priorities: public, structural, self, and the stigma against medications for opioid use disorder.

- Self-stigma occurs when individuals internalize and accept negative stereotypes. It turns a “whole” person into someone who feels “broken” with little or no self-esteem
- Public stigma is society’s negative attitudes towards a group of people, creating an environment where those addicted are discredited, feared, and isolated. These attitudes are informed by prejudices, discrimination, and stereotypes, which contribute to public stigma overall

<https://www.shatterproof.org/sites/default/files/2021-02/Stigma-AddictionLanguageGuide-v3.pdf>

# The Shatterproof Addiction Language Guide

- Stigma against medications for opioid use disorder: despite their proven effectiveness, FDA approved medications are thought by many to be “trading one addiction for another.” As a result, these medications are under-prescribed, underutilized, overly restricted, often not covered by insurance, and even actively discouraged in some treatment or recovery settings
- Structural stigma refers to systems-level discrimination, such as cultural norms, institutional practices as well as health care policies that constrain resources, opportunities, and wellbeing. It generates structures that explicitly or implicitly exclude a stigmatized population from participating in society.

# Understanding the dynamic nature of stigma

Understanding the dynamic nature of stigma Stigma related to addiction often overlaps and intensifies with other forms of stigma, discrimination, and bias, such as those related to race, class, gender, sexual orientation, occupation, and others. “Intersectional stigma” is the coming together of multiple stigmatized identities within a person.

- **Race and ethnicity:** There are significant racial disparities in experiences of stigma and treatment access for substance use disorder. In previous drug use crises in the U.S, stigma was closely tied to racism. This trend has continued. Most notably, the racialized policies of the War on Drugs led to sharp increases in mass incarceration that disproportionately affect Black and Latinx communities to this day.
- **Sexual orientation:** LGBTQ+ individuals are at higher risk for substance use disorders and seek SUD treatment at a higher rate than non LGBTQ individuals.

However, a significant number of counselors in treatment programs endorse negative attitudes towards LGBTQ+ clients. LGBTQ+ individuals with SUD are more likely than their non-LGBTQ+ counterparts to have other co-occurring psychiatric disorders and are at increased risk for HIV, both of which are stigmatized.

# Stigma and the opioid epidemic – the cost in lives and the cost to society

Stigma and the opioid epidemic – the cost in lives and the cost to society It is difficult to quantify the impact of reducing stigma for OUD. However, to see what might be accomplished, one analog is to look at the outcomes for individuals with other chronic diseases.

In 2019, the American Society of Addiction Medicine redefined their definition of addiction as “...a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.

People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.” This also makes comparisons between OUD and chronic diseases like diabetes easier to highlight in the following ways:

# Stigma and the opioid epidemic – the cost in lives and the cost to society

- **Genetic vulnerabilities and behavioral factors:** Lifestyle and personal choices, as well as environmental factors, contribute to OUD and other chronic diseases. And though estimates of the heritability of chronic diseases range widely, there is a consensus that genetics is also a major contributing factor. OUD is no different, as roughly 40 to 60% of the vulnerability to addiction can be attributed to genetic influence.

**Managed, not cured, through medication:** Both OUD and chronic diseases (i.e., arthritis) are mostly managed, not cured, in part through medication, and often over long periods. For such diseases, individuals are typically able to live a healthy and productive life when they consistently receive evidence-based treatment.

<https://www.shatterproof.org/our-work/ending-addiction-stigma/stigma-strategy>

# Stigma and the opioid epidemic – the cost in lives and the cost to society

- **High rates of non-adherence:** Many individuals with OUD struggle to adhere to their medications, even when their treatment plan is evidence-based. But that is also true of other chronic diseases. Research suggests roughly a third of people with diabetes do not adhere to their physician recommended treatment protocol. Despite these similarities, there is a gap between rates of treatment for OUD compared to other chronic diseases, illustrating the harmful role stigma can play in partially contributing to this gap.

**High rates of co-morbidities:** OUD has high rates of co-morbidities, like many chronic diseases, which makes it complicated to treat. For example, one study found that nearly 40% of adults with hypertension have three or more comorbidities. Approximately 60% of those with OUD have at least one other chronic medical condition.

<https://www.shatterproof.org/our-work/ending-addiction-stigma/stigma-strategy>

# Co-Occurring Disorders

Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR)

Some of the most common mental disorders seen in SUD treatment include:

- Anxiety and mood disorders
- Schizophrenia
- Bipolar disorder
- Major depressive disorder
- Conduct disorders
- Post-traumatic stress disorder
- Attention deficit hyperactivity disorders

Patients being treated for mental disorders also often misuse the following types of substances:

- Alcohol
- Tobacco
- Opioids
- Stimulants
- Marijuana
- Hallucinogens
- Prescription drugs

<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders>

# Associated Medical Conditions

- Acid peptic disorders
- Arthritis
- asthma
- chronic kidney disease
- chronic obstructive pulmonary disease
- chronic pain
- coronary atherosclerosis
- ischemic heart disease
- congestive heart failure
- diabetes mellitus
- end-stage renal disease
- headaches
- hepatitis C
- Hypertension
- injury (including poisoning/ overdose)
- Pneumonia

- obesity
- osteoporosis
- stroke

**Patients with SUD's have an Increased Risk of Major Medical Conditions** In a large, integrated health care system, the combined prevalence of 19 common health conditions was higher in patients with alcohol use disorders, cannabis use disorders, opioid use disorders, or any SUD than in demographically matched patients without SUDs.

Source: Bahorik, A.L., Satre, D.D., Kline-Simon, A.H., et al. Alcohol, cannabis, and opioid use disorders, and disease burden in an integrated health care system. *Journal of Addiction Medicine* 11(1):3-9, 2017

\*HIV, TB, STD

# Acculturation and drug addiction stigma among Latinos and African Americans: An examination of a church-based sample

## Discussion

In this church-affiliated sample, Latinos' drug addiction stigma decreases with acculturation, but remains higher among the most acculturated Latinos compared to African-Americans. These attitudes may pose a barrier to treatment for Latino drug users.

## Conclusions

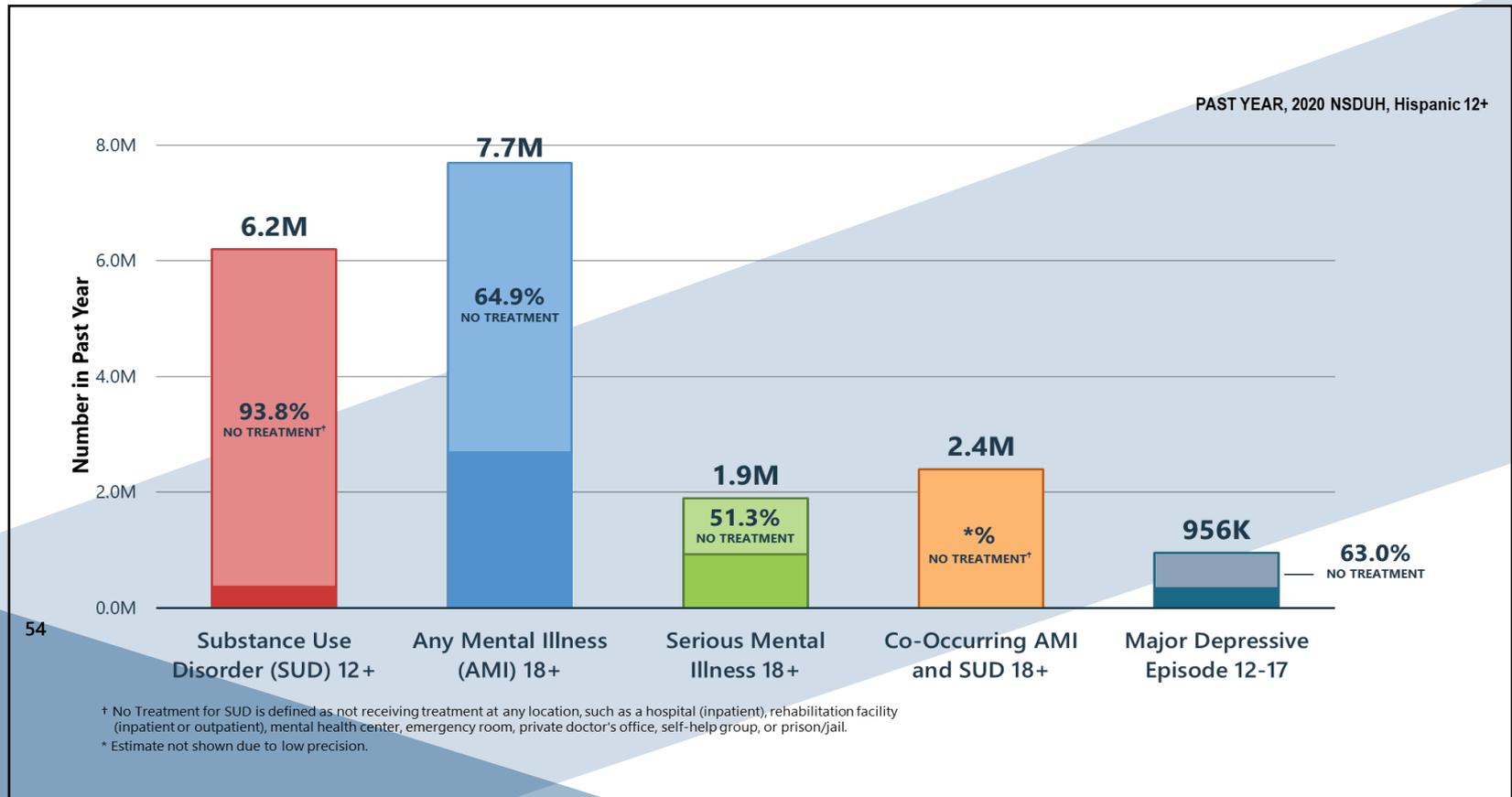
We found drug addiction stigma is higher among immigrant Latinos with low English proficiency compared to their U.S. - and foreign-born counterparts.

Moreover, we found that African Americans had significantly lower drug addiction stigma than all three of our Latino subgroups. This suggests that culturally-based attitudes and norms can be protective, but they may also serve as a barrier to treatment.

It seems important to continue this line of work among African Americans and Latinos not recruited through churches, especially since the adapted scale had good psychometric properties in this sample.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4512929/>

# Did Not Receive Substance Use Treatment or Mental Health Services in Past Year: Among Hispanic People Aged 12+



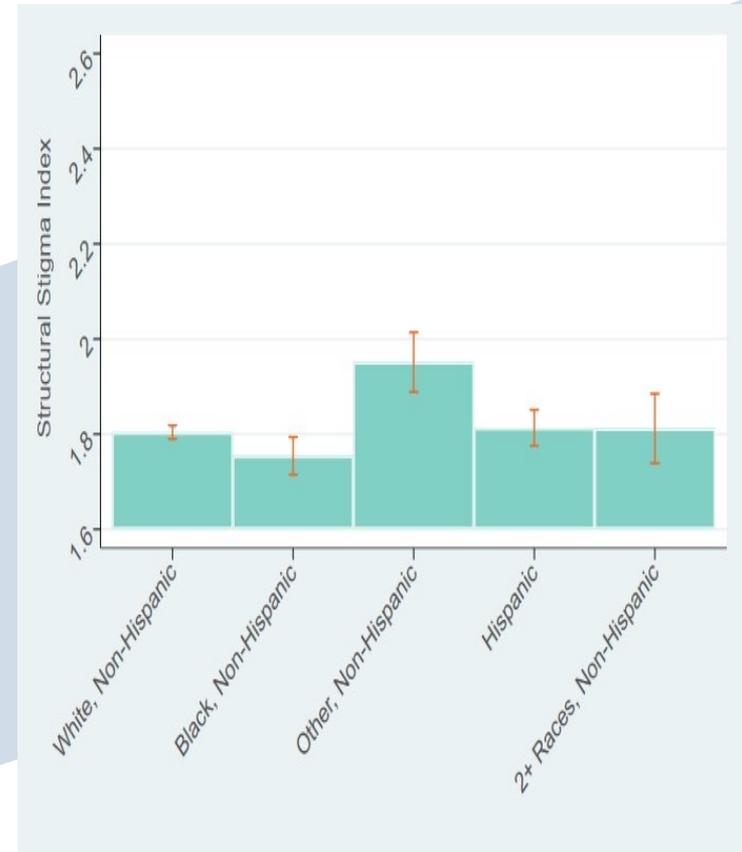
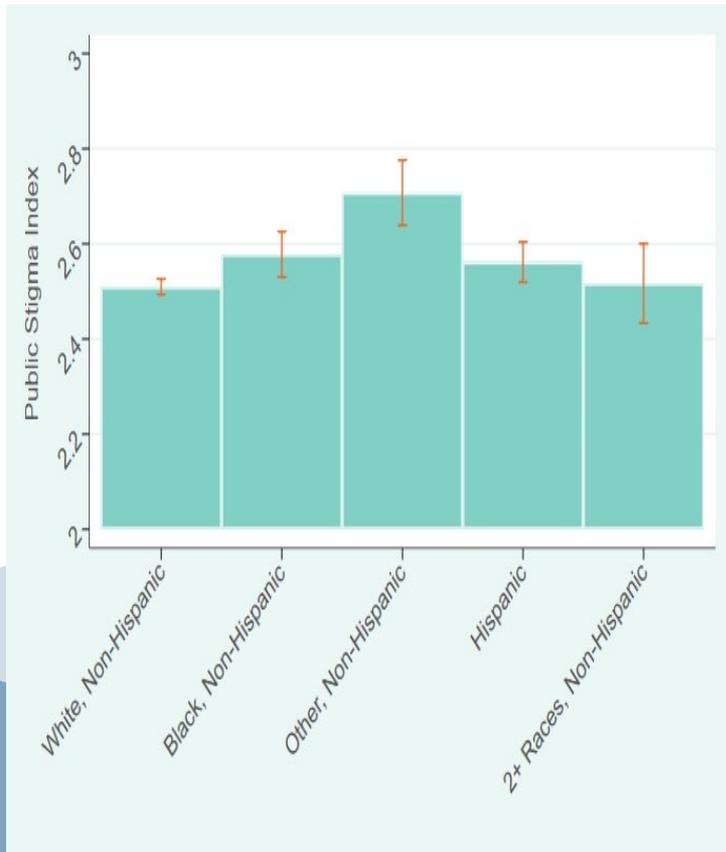
# Attitudes toward addiction manifest differently across populations

**For years, Black communities** have borne the brunt of discriminatory policies like mandatory sentencing laws, severe discrepancies in sentencing times depending on the type of substance used, and the categorization of nonviolent drug offenses as federal violations.

**Today, nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are Black or Latino/a.**

**Approximately half of federal drug cases are brought against Latino/a people, even though this group makes up just 17% of the U.S. population.**

# Attitudes toward addiction manifest differently across populations



# Shatterproof Addiction Stigma Index

## Three Statistics to Know

- 75.2 % of the public do not believe that a person with a SUD is experiencing a chronic medical illness such as diabetes, arthritis, or heart disease.
- 65.4 % of respondents indicated that they would not want someone with a SUD marrying into their family.
- 46.1 % of respondents with an opioid use disorder expressed feeling ashamed of themselves.

With the American public displaying discriminatory views against this community, which can vary by race and other demographic characteristics, people with a SUD are forced to endure prejudice, social exclusion, and ongoing harm. These views erode self-worth, create social isolation, and reduce access to care, which exacerbates the problem, in addition to clouding the nation's ability to coalesce around meaningful solutions, including treatment, harm reduction, and recovery supports and services

<https://www.shatterproof.org/our-work/ending-addiction-stigma/shatterproof-addiction-stigma-Index>

# Shatterproof Addiction Stigma Index

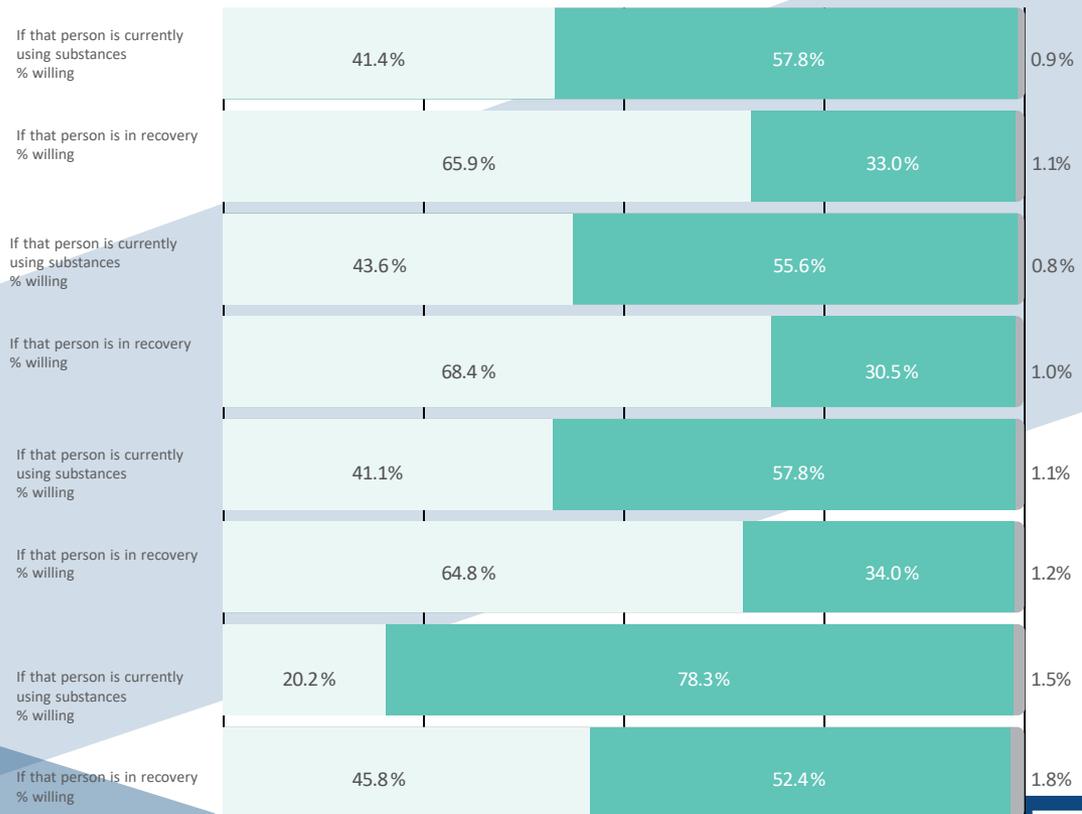
Willing Unwilling No response

How willing would you be to move next door to a person with a SUD?

How willing would you be to spend an evening socializing with a person with a SUD?

How willing would you be to have a person with a SUD as a close personal friend?

How willing would you be to have a person with a SUD marry into your family?



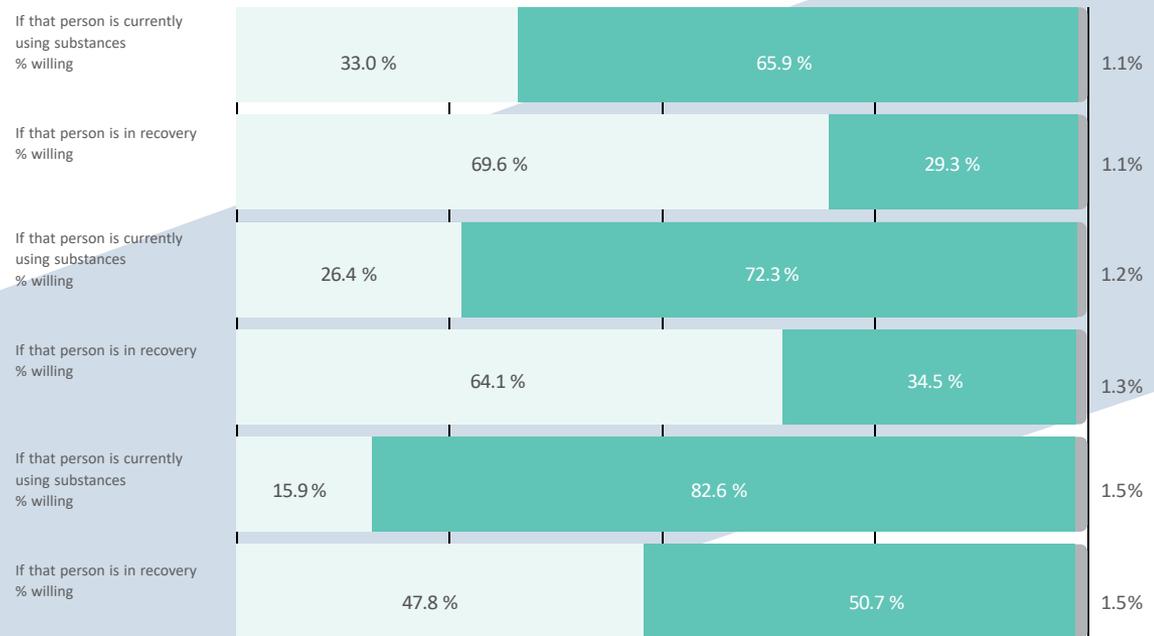
# Shatterproof Addiction Stigma Index

Willing
  Unwilling
  No response

How willing would you be to have a person with a SUD start working closely with you on a job?

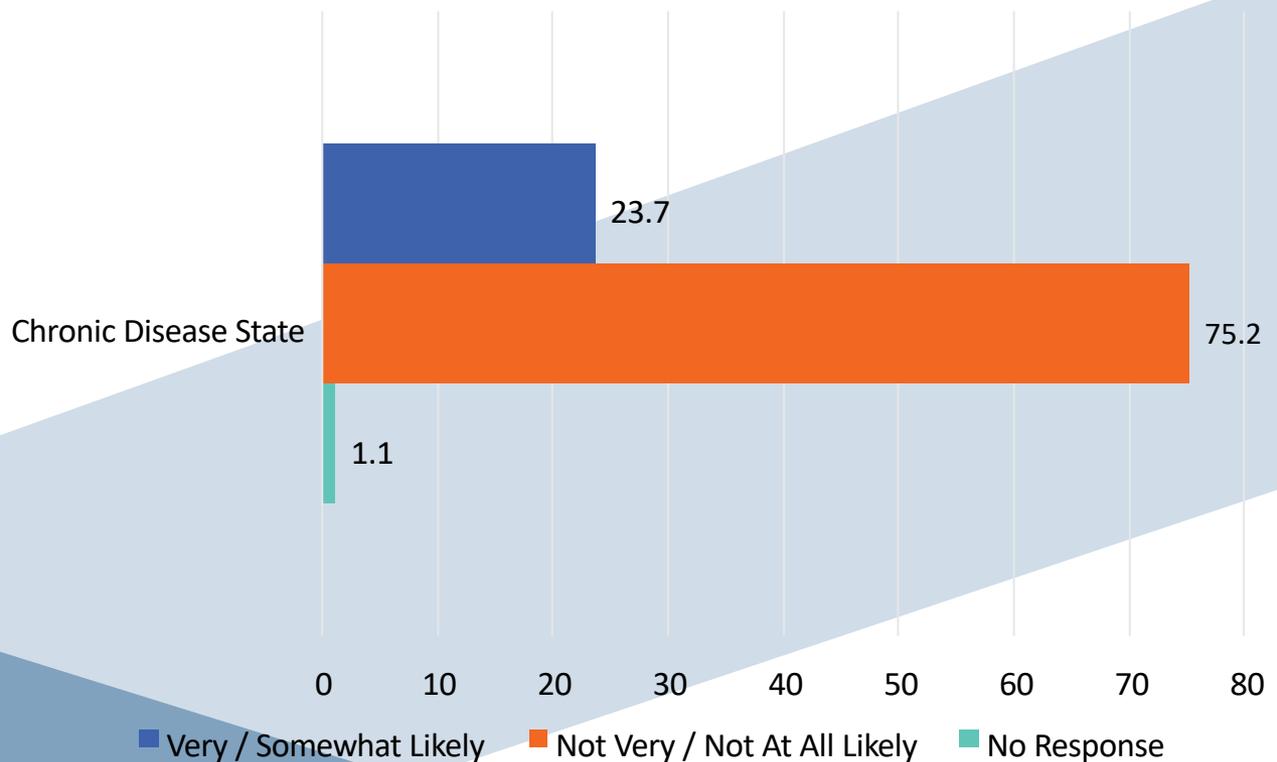
How willing would you be to hire a person with a SUD to do work for you?

How willing would you be to have a person with a SUD as your supervisor at work?



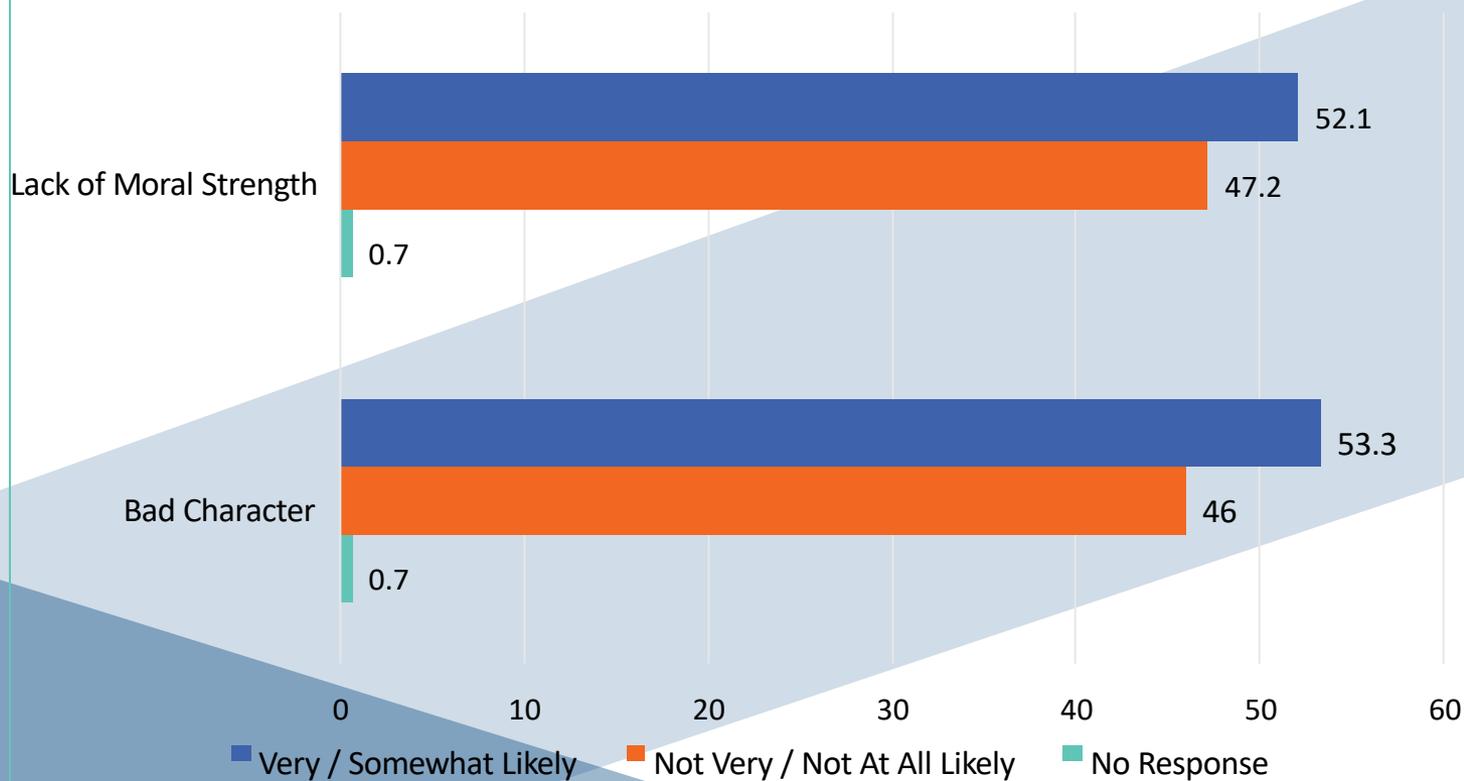
# Shatterproof Addiction Stigma Index Results of Interest

Less than one quarter of respondents **viewed SUDs as a chronic disease.**



# Shatterproof Addiction Stigma Index Results of Interest

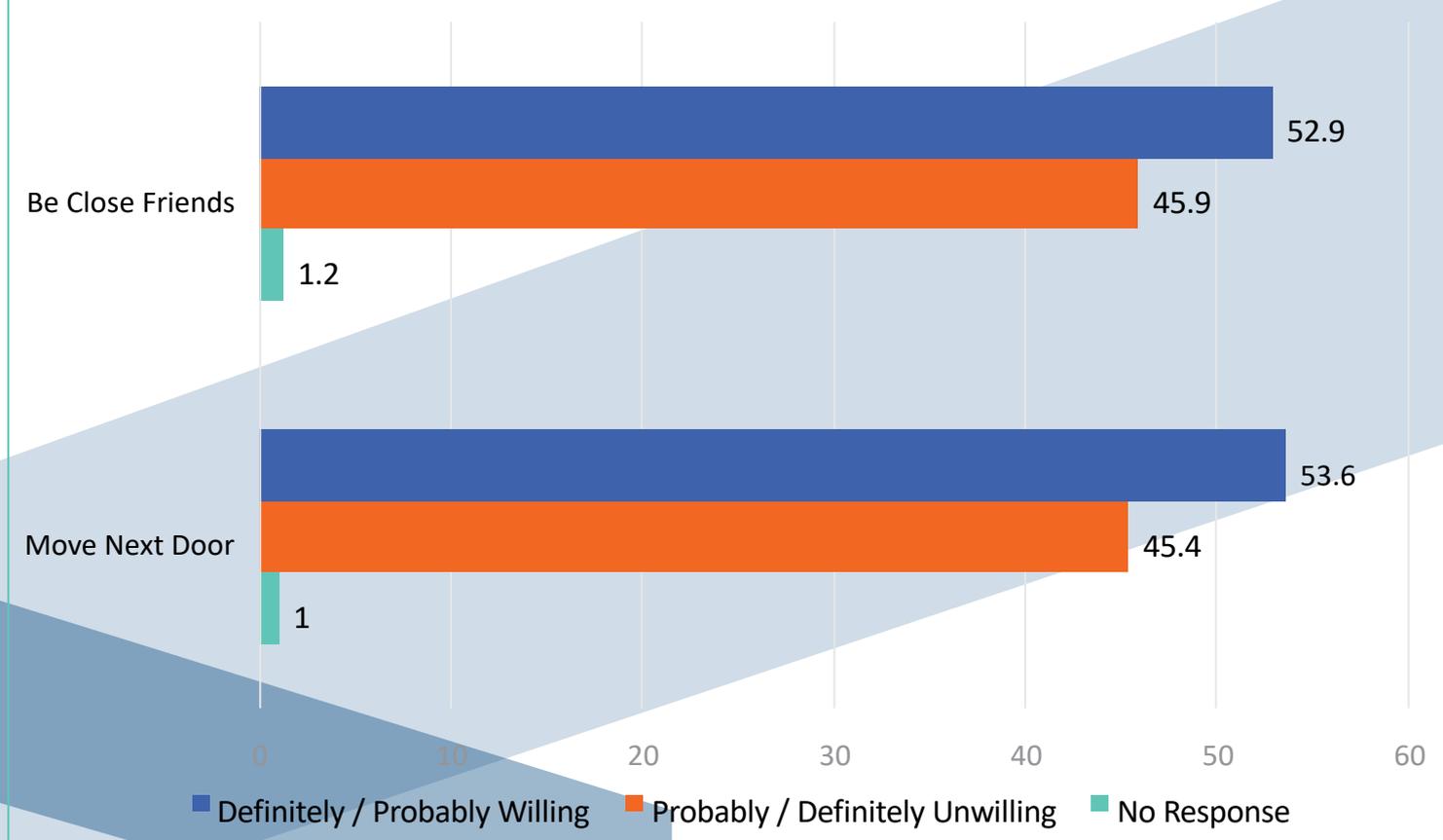
Over half of respondents hold the beliefs that SUD is caused by **bad character** or **lack of moral strength**.



# Shatterproof Addiction Stigma Index

## Results of Interest

Almost half the public is unwilling to **move next door to or be close personal friends with** someone with a SUD.

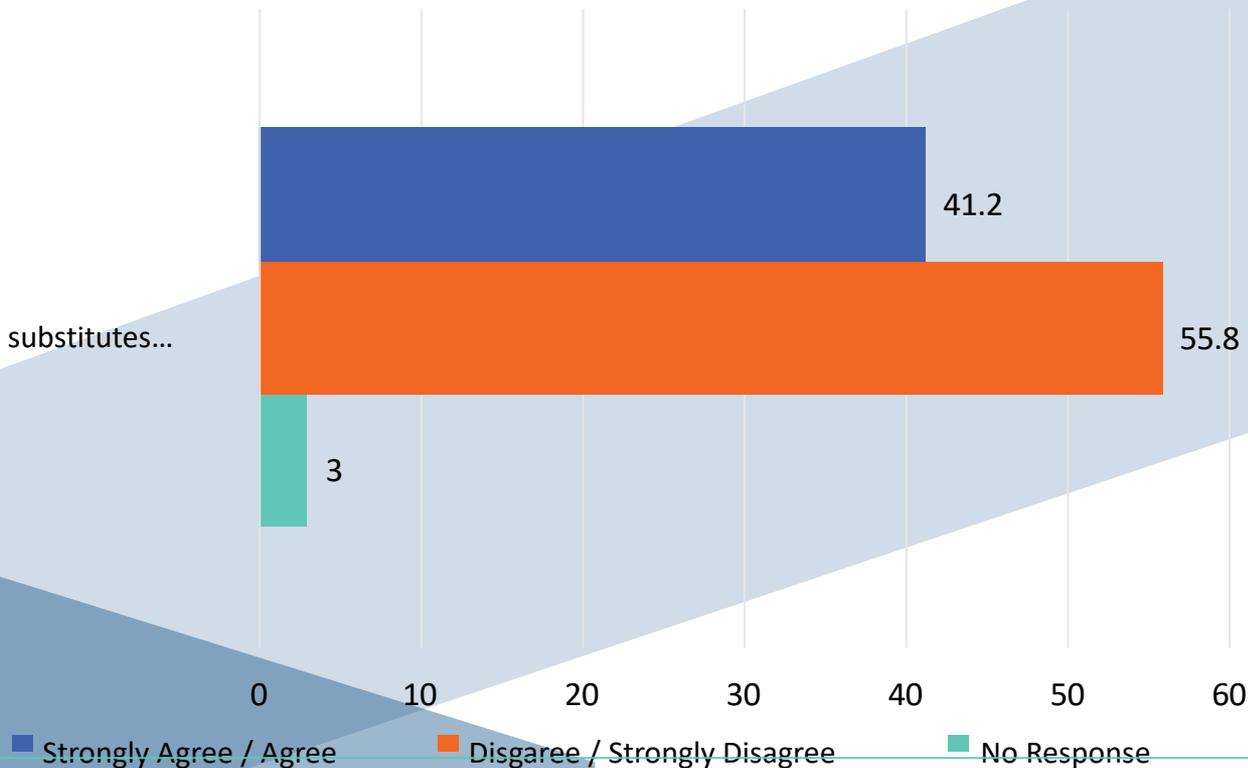


# Shatterproof Addiction Stigma Index

## Results of Interest

Over 40% of respondents viewed **medications for opioid use disorder** simply substituting one addiction for another.

MOUD substitutes...



# Shatterproof Addiction Stigma Index

## Results of Interest

Alarming, healthcare professional had similar or higher levels of stigma compared to the general public.

**65%** of healthcare professionals falsely believe that SUD is not a chronic disease.

**44%** of healthcare professionals would be unwilling to move next door to someone and **47%** would be unwilling to have a person with SUD as a close personal friend.

**45%** endorsed the harmful belief that medications for opioid use disorder is substituting one drug for another.

**75.2%** of the public do not believe that a person with a SUD is experiencing a chronic medical illness such as diabetes, arthritis, or heart disease.

**65.4%** of respondents indicated that they would not want someone with a SUD marrying into their family.

**46.1%** of respondents with an opioid use disorder expressed feeling ashamed of themselves.

# How Stigma Impacts Recovery



## **STIGMA CAN...**

**REDUCE** willingness to seek professional help

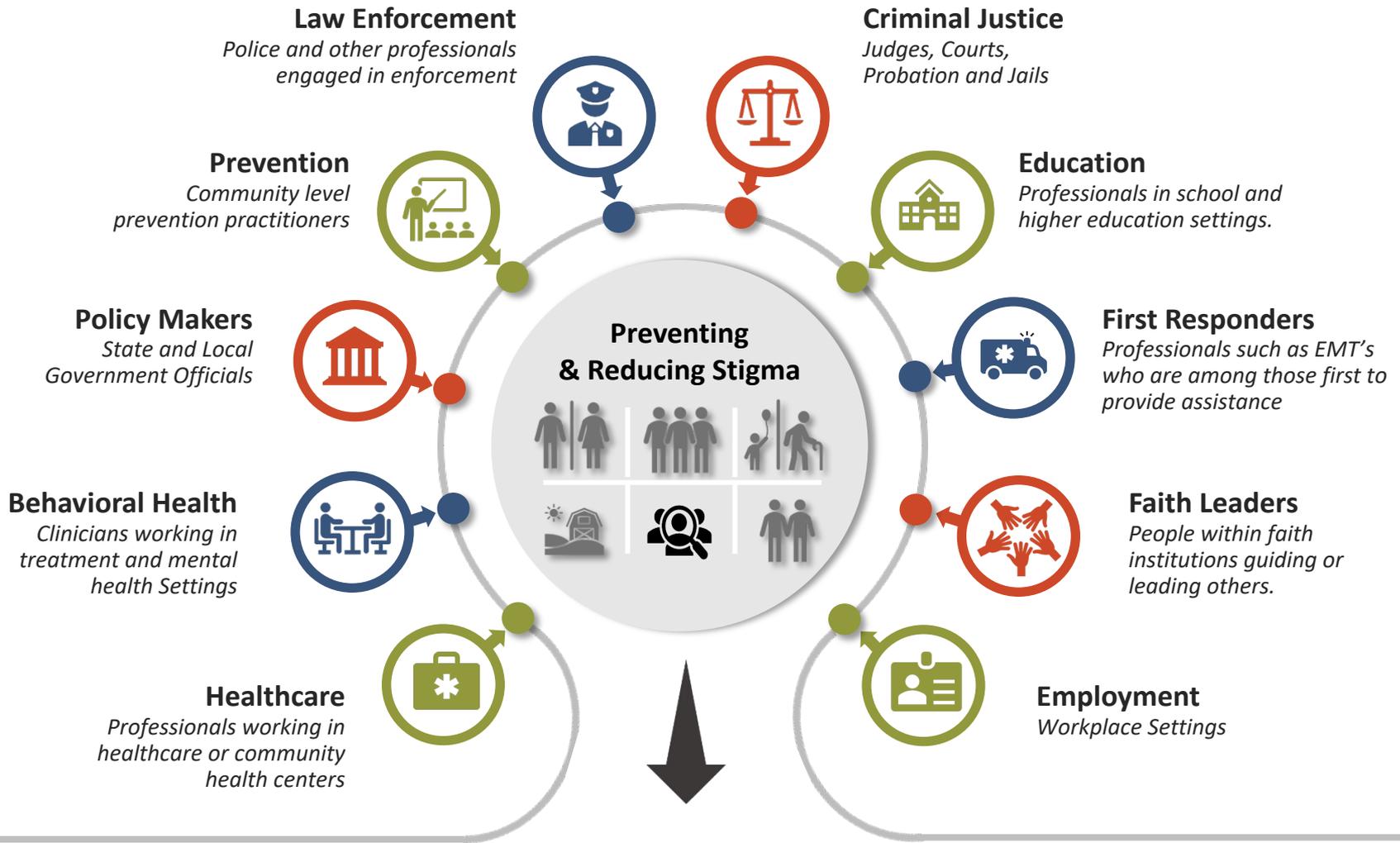
**CAUSE** reluctance to attend treatment

**LIMIT** access to healthcare. Housing, and employment

**DIMINISH** self-esteem

**AFFECT** personal relationships at a time they are needed most

# Preventing and Reducing Stigma



Source: SAMHSA's Great Lakes PTTC

# Words Matter - Terms to Use and Avoid When Talking About Addiction

How can we change stigmatizing behavior?

- When talking to people with SUD, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.
- Because clinicians are typically the first points of contact for a person with an SUD, health professionals should “take all steps necessary to reduce the potential for stigma and negative bias.” Take the first step by learning the terms to avoid and use.

# Words Matter - Terms to Use and Avoid When Talking About Addiction

How can we change stigmatizing behavior?

- Use person-first language and let individuals choose how they are described. Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates people to their condition or has negative connotations. For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis.

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

# Nine Things You Can Do To Fight Stigma

- ❖ Talk Openly About Mental Health.
- ❖ Educate Yourself And Others.
- ❖ Be Conscious Of Language.
- ❖ Encourage Equality Between Physical And Mental Illness.
- ❖ Show Compassion For Those With Mental Illness.
- ❖ Choose Empowerment Over Shame.
- ❖ Be Honest About Treatment.
- ❖ Let The Media Know When there are Being Stigmatizing.
- ❖ Don't Harbor Self Stigma.

<https://www.nami.org/blogs/nami-blog/october-2017/9-ways-to-fight-mental-health-stigma>

The use of affirming language inspires hope and advances recovery.

---

**LANGUAGE MATTERS.**

---

**Words have power.**

**PEOPLE FIRST.**

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



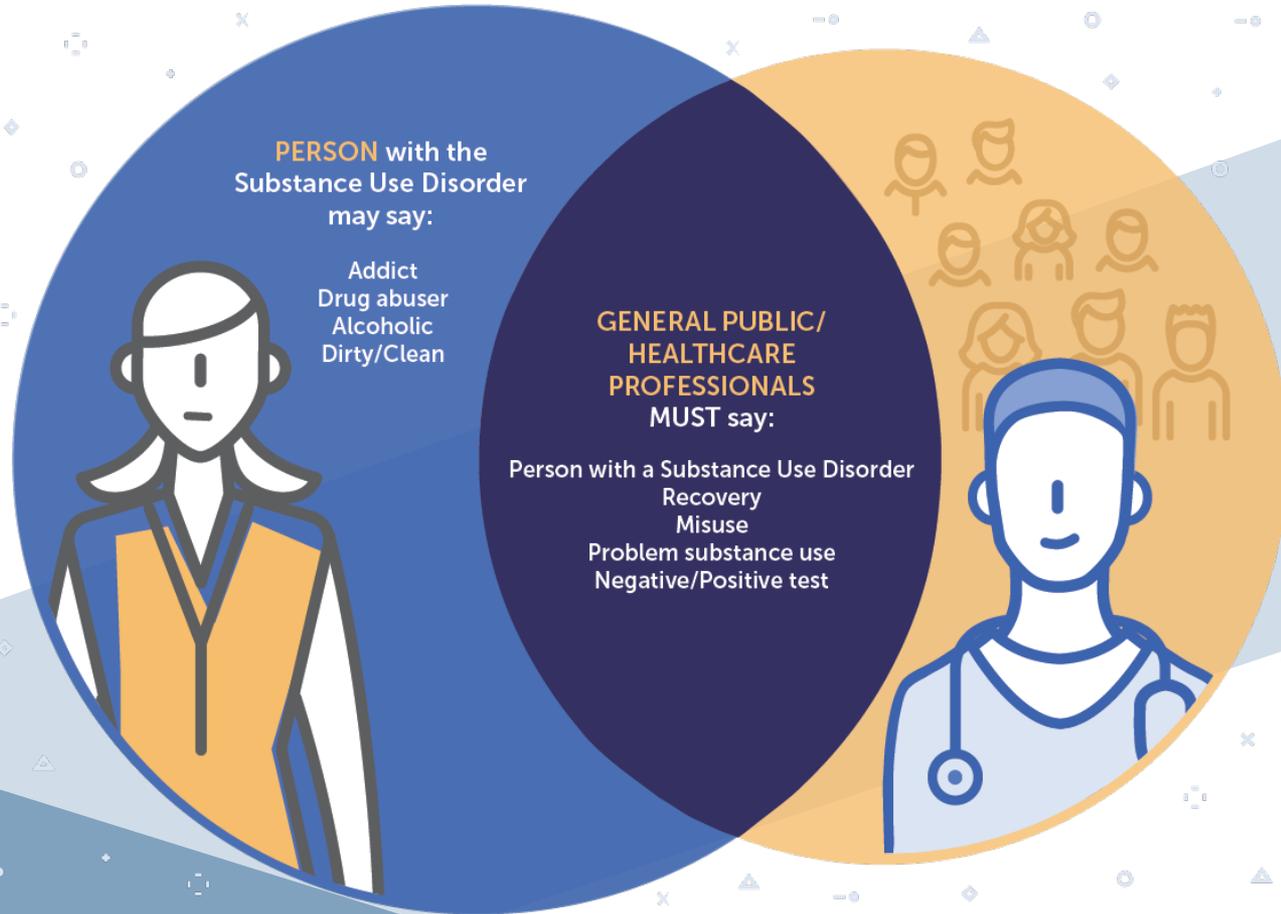
# What is Stigmatizing Language

What is stigmatizing language? Stigmatizing language assigns negative labels, stereotypes, and judgment to certain groups of people. Such language can contribute to negative outcomes such as social isolation, reduced self-esteem, and less likelihood to seek medical help.

Stigmatizing language can perpetuate isolation and misunderstanding between people with substance use disorder (SUD) and their communities. Terms like “drunk”, “addict” and “junkie” imply an affected individual causes their own illness and can lead to less sympathetic responses (e.g. incarceration instead of treatment).

What is person-first language? Person-first language places emphasis on people rather than their diagnosis or condition (e.g. “person with schizophrenia” vs. “schizophrenic”, “person with a substance use disorder” vs. “addict”).

# Choose supportive, nonjudgmental words that treat people with respect and compassion.



<https://www.shatterproof.org/our-work/ending-addiction-stigma/change-your-language>

# Choose supportive, nonjudgmental words that treat people with respect and compassion.

INSTEAD OF THIS...	SAY THIS*
Abuse Drug problem/habit	1.Substance Use Disorder (SUD), addiction (if clinically accurate) 2.Use (for illicit drugs); misuse, (for prescription drugs)
Addict Druggie/Drug Abuser Junkie	•Person with a SUD (person with OUD if relevant) •Patient with a SUD (if in a clinical setting)
Addicted to [ x ]	Has a [ x ] use disorder
Clean or Stayed clean	Substance-free

# Words Matter - Terms to Use and Avoid When Talking About Addiction

Consider using these recommended terms to reduce stigma and negative bias when talking about addiction.

Instead of...	Use...	Because...
•Addict	•Person with substance use disorder <sup>1</sup>	<ul style="list-style-type: none"> <li>•Person-first language.</li> <li>•The change shows that a person “has” a problem, rather than “is” the problem.<sup>2</sup></li> <li>•The terms avoid eliciting negative associations, punitive attitudes, and individual blame.<sup>2</sup></li> </ul>
•User	•Person with OUD or person with opioid addiction (when substance in use is opioids)	
•Substance or drug abuser	•Patient	
•Junkie	•Person in active use; use the person’s name, and then say “is in active use.”	
•Alcoholic	•Person with alcohol use disorder	
•Drunk	•Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
•Former addict	•Person in recovery or long-term recovery	
•Reformed addict	•Person who previously used drugs	

# Words Matter - Terms to Use and Avoid When Talking About Addiction

How can we change stigmatizing behavior?

- When talking to people with SUD, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.
- Because clinicians are typically the first points of contact for a person with an SUD, health professionals should “take all steps necessary to reduce the potential for stigma and negative bias.” Take the first step by learning the terms to avoid and use.

# Words Matter - Terms to Use and Avoid When Talking About Addiction

How can we change stigmatizing behavior?

- Use person-first language and let individuals choose how they are described. Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates people to their condition or has negative connotations. For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis.

<https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

# HISPANICS IN THE U.S. 2022



# Hispanics are Critical to the Economy

## WE ARE THE WORKFORCE

The future of America's workforce is Hispanic.

74 %

of US new workers are Hispanics.

40 %

of U.S. workforce growth is Hispanic.

+250 %

The growth of the latino workforce in the last 25 years.

## WE ARE THE VOTERS & TAXPAYERS

An aging America is counting on Latino contributions to Social Security and Medicare.

31.5 M

Latinos were eligible to vote in 2020

\$102 B

to social security.

\$215 B

Federal, State and Local tax revenues come from Hispanics.

<https://hispanicstar.org/wp-content/uploads/2022/04/2022-Hispanics-in-the-US-30-MIN-.pdf>

# **SUD Stigma, Treatment and Recovery for Hispanic/Latinos Webinar 3**

## **Treatment options/ cultural considerations/recovery through the lens of Latinos/Hispanics**

Fernando J. González

Overdose Rapid Response and Prevention  
Program

UTHSC San Antonio/ Project Vida

May 9, 2023



**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## The ATTC Network Mission & Vision

- Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

## CONNECT WITH US



<https://attcnetwork.org>



[ATTC Virtual Booth](#)



[ATTC News](#)



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

Q and A



Please complete the evaluation form to receive your attendance certificate!

Link is in the chat! Or use your phone to follow the Q code to the survey!

Thank you!



# Resources



## Opioid Use among Hispanic/Latino communities

<https://store.samhsa.gov/product/the-opioid-crisis-and-the-hispanic-latino-population-an-urgent-issue-spanish-version/PEP20-05-02-003>

<https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Hispanic-Latino-Population-An-Urgent-Issue/PEP20-05-02-002>

## Opioid Overdose Prevention Toolkit

[https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Spanish-/SMA18-4742SPANISH?referer=from\\_search\\_result](https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Spanish-/SMA18-4742SPANISH?referer=from_search_result)

## Underage Drinking

<https://store.samhsa.gov/product/after-high-school-talking-your-young-adult-about-underage-drinking-spanish-version/PEP22-03-10-011>

## Talk they Hear You

<https://www.samhsa.gov/hable-ellos-escuchan>

[https://store.samhsa.gov/product/tthy-catalog-campaign-support-materials/PEP20-03-01-081?referer=from\\_search\\_result](https://store.samhsa.gov/product/tthy-catalog-campaign-support-materials/PEP20-03-01-081?referer=from_search_result)

## Treatment Locator

<https://findtreatment.gov/locator>



National Hispanic and Latino

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## Available in Spanish!

[Naloxone Guide and Resources | Technology Transfer Centers \(attcnetwork.org\)](#)

[Xylazine 101: Xylazine Use and its Impact on Communities Across the United States | Technology Transfer Centers \(attcnetwork.org\)](#)

[Fentanyl Resource Factsheet for Providers | Technology Transfer Centers \(attcnetwork.org\)](#)



<https://mhttcnetwork.org/centers/national-hispanic-and-latino-mhttc/product/caminando-en-recuperacion-espanol>

<https://mhttcnetwork.org/centers/national-hispanic-and-latino-mhttc/product/stressors-hispanic-and-latino-communities>





**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## The ATTC Network Mission & Vision

- Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

## CONNECT WITH US



<https://attcnetwork.org>



[ATTC Virtual Booth](#)



[ATTC News](#)



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration