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Stigma and Addiction

The relationship between addiction and stigma is undoubtedly complicated.

On the one hand, we see portrayals of addiction popularized through media, entertainment, celebrities, and influencers. It could be argued that these play a role in glamorizing or encouraging it. Societal influence is hard to ignore. Today it's relatively common to hear how an activity like shopping, working long hours or having a particular fondness for a certain food is being casually described as "addicting." We also hear people describe themselves as shopaholics, workaholics or even chocoholics.¹ Interestingly, the suffixes "-aholic, -oholic, or holic" are directly derived from the word "alcoholic" and used to indicate "items to which people had become dependent or had an abnormal desire for."²

On the other hand, our society is quite comfortable stigmatizing, condemning, and assigning harsh moral judgment to people experiencing addiction. The stigma is often so debilitating that people hide their situations for fear of being discovered. It delays them from getting the help they need.

This article will explore these terms to reframe an understanding of them and address how using language loaded with stigma and stereotypes is ultimately part of the problem. It will also look at ways to reduce stigma and share resources that can help people who may be living with addiction, and those who care about them, move towards recovery.

What is addiction?

Our understanding of what addiction is has been shifting through continued research. It used to be that there was an almost exclusive association between addiction and substance use. People believed that addiction was a personal choice and that the person couldn't or didn't want to bring their addiction under control. Researchers have found that addiction is closer to what they would describe as "compulsive behavior."³ In fact, scientists and medical clinicians believe that "addictive activities [help people] escape discomfort – both physical and emotional... to feel good and feel better," pointing to the "roots of addiction" being associated with "sensation seeking and self-medication."⁴

But even though “addiction is now classified as a disease that affects the brain, not a personal failing or choice,” continued stigma makes living with addiction particularly difficult.⁵

What does addiction do to our bodies?

Addiction interferes with brain function, particularly when our brains desire rewards or experiences that make us feel good. There are many elements to addiction, but neurotransmitters, cravings, and developing tolerance are at the root of addiction.

• **Dopamine**

You may have heard of dopamine, a neurotransmitter in your brain. It and other neurotransmitters “reinforce your brain’s association between certain things and feelings of pleasure, driving you to seek those things out again in the future.”⁶ But, it’s important to note that research shows that they don’t “appear to actually cause feelings of pleasure or euphoria.”⁷

• **Cravings**

Cravings arise from associations with a substance or behaviour that create euphoria. Dopamine is released and floods your brain. Your brain starts producing less dopamine in response to natural triggers, creating tolerance.

Addiction comes from seeking more of the substance or behavior to “make up for what your brain isn’t releasing.”⁸ It translates into a singular focus: trying to feel good again. Other activities no longer give you the enjoyment you once experienced from them. Instead, many things are sacrificed to get there (health, social relationships, jobs, etc.)

Researchers have also determined that there are two main forms of addiction:

- Chemical (where someone can have a mild, moderate, or severe substance-use disorders)
- Behavioural (where compulsive, persistent, and repeated behaviours are observed)

Symptoms may include:⁹

- Intense cravings that affect someone’s ability to think about other things.
- Spending large amounts of time trying to obtain a substance or engaging in a behaviour and much less time on previously enjoyable activities.
- Having trouble with relationships and friendships and avoiding responsibilities at home, at work and in the community.
- Feeling irritable or restless and developing anxiety, depression or withdrawal symptoms when trying to stop using a substance or discontinue the behaviour.

Some common addictive substances

Alcohol, opioids, cannabis, nicotine, prescription pain medication, cocaine, and methamphetamine.

Common behavioural addictions

Gambling addiction and Internet gaming disorder (both of which are now recognized forms of addiction) as well as shopping, sex, work, exercise, food, social media.

What is stigma?

Stigma is a harmful misconception that someone forms about a group or person because of the situations that person faces in life. Stigma is dangerous because it “[fuels] fear, anger, and intolerance.”¹⁰ Mental illness, health conditions or disabilities are all situations where attitudes are mainly negative and often cause the stigmatized person to delay seeking treatment.

The stigma around drug use is often based on stereotypes and leads to judgment or discrimination. People can face social stigma, deal with self-perceived stigma and be affected by structural stigma. Regardless of the type, stigma is a contributing risk factor to someone seeking treatment or help for addiction. It reduces a person’s chances of receiving appropriate and adequate care.¹¹

Social	Self-perceived	Structural
Negativity towards someone living with addiction from their friends or family members, including: <ul style="list-style-type: none"> • Talking about addiction like it’s a choice • Passing judgment or discrimination using words, labels and images 	When someone living with addiction internalizes the negative messages they have received from friends or family. They can develop: <ul style="list-style-type: none"> • Low self-esteem • Feelings of shame • A fear of treatment because of the judgment or discrimination they will face 	When someone living with addiction experiences negativity, discrimination, a lack of support, or a lower quality of care in: <ul style="list-style-type: none"> • Healthcare and social services settings • Workplaces

How does stigma affect addiction?

When someone living with addiction is stigmatized, it affects them both personally and socially and can weigh on their mental health. In short, stigma makes it more difficult for someone to reach out for help because the act of seeking professional help “appears to carry its own mark of disgrace.”¹² Instead, someone can:¹³

- Become reluctant to seek treatment.
- Develop increased risk of mortality because of delayed treatment.
- Feel rejected and isolated. It may seem that people are avoiding them, or in turn, they wish to avoid people.
- Experience harassment, violence, and bullying, because of a lack of understanding and empathy.
- Face increased socioeconomic burdens as they may have difficulty finding work or housing.
- Develop feelings of shame, diminished self-worth, increased self-doubt, and feel that it’s pointless to work towards achieving goals.

Ways to reduce stigma: Language and Stereotypes

One of the most effective ways to reduce stigma involves language. By becoming more aware of how much words matter, stigma can be reduced or eliminated. It removes barriers to help-seeking treatment and changes relationships between someone living with addiction and the other people involved.

Language is powerful. It can create associations and change behaviours. Dissociative language (language that distances or disconnects us from a situation) can be damaging. It creates a misperception that someone who lives with addiction is not in control. We see this when the choice of words tries to provide an excuse for, or legitimize, the situation. For example, talking about obtaining pills “legally” from a doctor may allow someone to attribute blame, deflect responsibility for their involvement, and gain sympathy.

Shifting words and labels

The words we use in conversations about addiction reveal our bias. For example, one way to support destigmatization, is to recognize what scientists and medical professionals have discovered about addiction and shift our mindsets to recognize the situation as a disorder¹⁴.

Negative/stigmatized terms	Reduced stigma descriptions	Why is it better?
Addict, drunk, junkie, alcoholic	A person living with: <ul style="list-style-type: none"> • a substance use disorder • an opioid use disorder 	<ul style="list-style-type: none"> • Doesn't imply that the affected person caused their illness • Puts the person first, rather than defining someone as their condition
Clean/dirty/detox	A person who is: <ul style="list-style-type: none"> • substance-free • no longer using a substance • tests positive for substance use • in withdrawal management • in recovery management 	<ul style="list-style-type: none"> • Focuses on medical conditions rather than shame and bias • Eliminates connotation “that a person needs to be cleansed from their substance use.”
Relapse/sober	A person who: <ul style="list-style-type: none"> • has resumed or had a recurrence of substance use • is in recovery, is well, and is healthy 	<ul style="list-style-type: none"> • Non-judgmental and neutral

Some people with substance use disorders may refer to themselves using negative or stigmatized terms. Please recognize that this may be a personal choice and used within their communities or as part of their recovery.

An excellent resource that can help people gain awareness of language and help to reduce stigma is the Research Recovery Research Institute's Addictionary®. It states that "if we want addiction destigmatized, we need a language that's unified."¹⁵

You can visit the Addictionary® at <https://www.recoveryanswers.org/addiction-ary/>

Avoiding stereotyping

Popular culture and media portrayals help to create misperceptions and feed stigma. There are differing perspectives on controversial advertising and entertainment that expose impulsive behaviours. Some recovery organizations believe they glorify or glamorize addiction, enabling or influencing people's behaviours. Others believe that these forms of media humanize the difficulties and struggles people can face with both their physical and mental health and while living with addiction.

Depending on the story, other more controversial behaviours and actions are often used to try and establish stereotypically negative character traits. Such portrayals usually start with seemingly docile behaviours, such as vaping and smoking, using props like cigarettes and alcohol to move their narratives forward.

Young people are particularly vulnerable. Many studies show that "attitudes around substance use are influenced very early on by media portrayals...[and] positive associations formed...may be predisposing [them] to early substance use."¹⁶

Resources for helping with addiction

Learning more about addiction is a significant first step. Because of its prevalence, many governments and harm reduction service organizations compile and publish excellent resource information on the Internet. Talk to a physician or pharmacist, who will be able to make recommendations for different programs and treatment options for consideration.

Naloxone

Naloxone is a safe, for all ages, fast-acting drug that can help "temporarily reverse the effects of opioid overdoses" when there are life-threatening levels of certain types of opioids (fentanyl, heroin, morphine, codeine) in someone's system.¹⁷ Naloxone blocks the effects that opioids have in the body for a short time – between 20 and 90 minutes. Administering naloxone can help restore someone's breathing within 2 to 5 minutes. It is important to note that the "effects of naloxone are likely to wear off before the opioids are gone from the body, which causes breathing to stop again," so emergency services – 911 – should be called so

first responders can intervene. Further, "naloxone has no effect on someone who does not have opioids in their system, and it is not a treatment for opioid use disorder."

In Canada, take-home naloxone kits are available in two forms: a nasal spray and an injectable. Most pharmacies or local health authorities stock these. They are available without a prescription. In many provinces, these kits are free. It's a good idea to get a kit and learn how to use it. Keeping one in your car and another at home could make the difference between life or death if someone experiences an overdose. The Health Canada website has videos that show you how to administer each form of Naloxone and links to provincial pages so that you can learn where to obtain a kit. Visit www.canada.ca/en/health-canada/services/opioids/naloxone.html

Support groups and counselling

Attending support groups or counselling services can help you develop coping skills and share resources to help someone living with addiction.

Being realistic


Remember that taking the first step towards treatment is up to the person living with addiction. You cannot do it for them. Though it might be difficult, try not to let emotions get you. Be kind and check your bias/stigma. Do your best not to show anger or sadness. You also should reserve judgement and refrain from providing unsolicited advice.

Addiction is a complex illness that needs the time and patience of everyone involved.



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