Index

abstinence, 22, 258 Acceptance and Commitment Therapy (ACT), 189 action-based research. See participatory action research activism, as anti-stigma strategy, 10-11, 167-168 ADA. See Americans with Disabilities Act addiction. See substance use disorders addiction identity, 180-182 addiction services. See substance use services advocacy, stigma reduction through, 199-200, 256-259 affirming attitudes, 255 Affordable Care Act, 111 Africa. See sub-Saharan Africa African Americans. See Black community African Canadians, 110–112 agendas, stigma reduction rights, 163, 166-169, 172-173, 253-254 self-worth, 163, 169-170, 172-173, 253-254 services, 163-166, 172-173, 253-254 AIDS. See human immunodeficiency virus alcohol use acceptable, 2 global, 107–108 during parole, 59–62 public policy on, 23-24 risks associated with, 2 in South Asia, 126–127 in sub-Saharan Africa, 117-120 alcohol use disorder (AUD) continuum model of, 7-8 cultural variation in stigma of, 2-3 European stigma toward, 115-116 in former Soviet Union, 121–126 self-stigma of, 5–6 in South Asia, 127–128 stigma of other mental disorders compared with stigma of, 1-2 structural stigma against, 7 Alcoholics Anonymous, 60, 181, 205

Americans with Disabilities Act (ADA), 188, 260 anticipated stigma, 4-6, 26-27, 253-254 anti-stigma interventions. See stigma reduction AP. See Associated Press APC. See Australian Press Council Argentina, 113–115 Associated Press (AP), media advisory guidelines of, 219-221 AUD. See alcohol use disorder Australian Press Council (APC), media advisory guidelines of, 219-221 authenticity, disclosure and, 181–182 autonomy, recovery role of, 73-75 avoidance. See label avoidance; social avoidance ban the box policies, 34–35 behavioral model of SUD, 9 benevolence stigma, 92-93 bioethics, 69 as individually-focused, 72-77 limitations of, 73–77 SUD impacts of, 73-77 biological disorder, SUDs as, 35, 253-254 biopsychosocial model of SUDs, 69-72 Black community criminalization of, 48-49, 91-92 history of intersectionality and, 88-89 intersectional stigma experienced by, 91-92, 96 police interactions with, 53-56 structural discrimination against, 110–112, 260-262 substance use stigma compounded with racism against, 26-27 SUD stigma experiences of, 15-22 blame. See responsibility Brazil, 113–115 British Doctors and Dentists Group, 197-199, 201-202 broadcasting one's experience, 185-186

buprenorphine, 24, 26-28, 32, 91-92

266

Canada criminal justice involvement in substance use in, 46-49, 62-64 SUD stigma in, 109–112 cannabis use global, 107 legalization of, 62-64, 109-110, 112, 116-117, 260-262 public policy on, 23-24 risks associated with, 2 in South Asia, 126–127 CBPR. See community-based participatory research CER. See community engaged research Chile, 113-115 cigarette smoking. See smoking class. See socioeconomic status clinical practice, SUD stigma reduction in, 234-236 cocaine use, 91-92, 217 Colombia, 113–115 communication, media. See media communication campaigns negative stereotypes in, 170-171 stigma reduction using, 33-37, 164-165 community engaged research (CER), 144-145. See also community-based participatory research community re-entry, 59-62 community-based participatory research (CBPR), 144, 154, 160, 262 benefits of, 158 case study illustrating, 145-149 compensation and resource access in, 159 confidentiality and dual roles in, 155-156 definition of, 144-145 disclosure and, 187-188 dissemination and implementation of findings from, 152-154 inclusion of people with lived experience in, 154-155 lived experience researcher protection in, 156-157 models for implementation of, 159-160 power sharing in, 157-158 principles of, 147-149 research participant protection in, 156 stakeholder engagement in, 152-154 stakeholder identification and selection in, 151-152 stigma research gap closure through, 149–151 study conduction in, 152-153 study planning and design in, 152-153 compensation, in community-based participatory research, 159

Index

confidentiality, in community-based participatory research, 155-156 consent, disclosure without, 31 consistency, ethical, 82-83 contact, stigma reduction through, 10-11, 168–169, 171–172, 197–199, 202–203 contextually aware engagement, in ethics of SUD stigma, 81-82 continuum model of SUD, 1-11 co-production, 144-145. See also communitybased participatory research correctional staff, stigmatizing attitudes in, 56-62 courts. See criminal justice system crime, substance use relationship with, 48-49 criminal justice system, 46-48 in former Soviet Union, 125-126 hybridized healthcare interventions with, 52-53, 62-64 racism in, 48-49 rate of SUDs among people in, 48-49 reduction of stigma in, 46-48, 62-64 stigma influence on policies of, 31-32 stigma occurrence within, 53 community re-entry, 59–62 incarceration, 56-59 police interactions, 53-56 stigma promotion of SUD involvement by, 48-49 criminalization of substances, 50-51, 166-167 inequitable social conditions, 49-50 underfunding of substance use services, 51-53 targeted stigma reduction and, 254-255 criminal justice-oriented policies, 25-26 criminal record, 61-62 criminalization of marginalized groups, 48-51, 91-92 of substances, 46-48, 62-64, 166-167 disclosure and, 188 global, 112, 116-117 racial differences in, 34–35 stigma promotion of, 50-51 as structural stigma, 6-7, 50-51, 260-262 substance use regulation by, 2-3 culture disclosure perception and, 188 stigma variation with, 2-3, 127-128, 260-262 DARE. See Drug Abuse Resistance Education decriminalization of substances, 62-64, 112, 116-117, 167-168, 260-262 denormalization, stigma as resource for, 78-81

Index

depression, SUD stigma compared with stigma of, 1-2 disclosure of substance use, 15-22 approaches to, 185-186 without consent, 31 costs and benefits of, 183-185 criminalization complication of, 188 HOP program for, 182-190 identity role in, 180-182 incarceration and, 56-59 in recovery stories, 202-203 research on, 187 stigma reduction through, 180, 182-189, 258-259 story crafting for, 187 tests of candidates for, 186 discrimination eradication of, 252-253 global, 130-131 against healthcare professionals with lived experience, 202-203, 205-207 in healthcare settings, 232–246 intersectionality in, 88-90 media promotion of, 213-214 public stigma and, 4-5 structural, 110–112, 260–262 structural stigma and, 6-7, 50-51 substance use regulation by, 2-3 doctors. See physicians DPA. See Drug Policy Alliance Drug Abuse Resistance Education (DARE), 165 drug enforcement. See criminal justice system Drug Policy Alliance (DPA), 167-168 drug prohibition laws, 50-51, 167-168 drug treatment courts, 52-53 DSM-5, SUD severity grading in, 7-8 dynamic model of responsibility, 9 education criminal record as barrier to, 61-62 as stigma reduction strategy, 10–11, 164–165, 167-168 emergency medicine, stigma reduction in, 237-239 employment criminal record as barrier to, 61-62 individualized placement and support, 172 stigma as barrier to, 195–197 targeted stigma reduction and, 254-255 empowerment recovery role of, 73-75 self-worth agenda to promote, 163, 169-170, 172-173, 253-254 enacted stigma, 3-4, 119-120, 253-254 ethical consistency, 82-83

267

ethical literacy, 81-83 ethics, 68 bioethics impacts on SUDs, 73-77 HIV/AIDS pandemic lessons in, 77-78 individually-focused, 72-77 literacy, engagement and consistency as ways forward in, 81–83 medical model and, 69-72 obstacles impeding, 83 person-centered care and, 75-77 policy debate omission of, 70-71 public health, 78 responsibility in, 71–72 social responsibility and, 73-77 stigma as public health resource and, 78-81 stigma as values-based concern of, 68-69 Europe, SUD stigma in, 115-117 evidence-based treatment services agenda to promote engagement with, 163-166, 172-173, 253-254 stigma toward, 24–27, 37 qualitative research exploring, 31-32 reduction of, 33-37, 163-166, 172-173, 253-254 survey research examining, 28-30 underfunding of, 51-53 family, as stigma victims, 4-5, 203-204 family stigma, in South Asia, 128–129 former Soviet Union, 121, 126 narcological system of

current state of, 122–124 different approaches to supersedence of, 124–125 history of, 121–122 SUD stigma perspectives and experiences in, 125–126 framing, media, 213–219 funding, for substance use services, 51–53

gay men, deliberate stigmatization of, 77–81 gender non-binary, 93–94 in South Asia stigma experience, 129 in sub-Saharan Africa stigma experience, 120 SUD stigma and, 92–93 Germany, 260–262 global perspectives. *See* international perspectives on stigma goals, of stigma change, 252–255 government. *See* policy Greece, 116–117

268

harm reduction, 258 intersectional stigma identification using, 96-97 lived experiences of, 22 self-worth agenda and, 169–170 harm-reduction services communication strategies to increase support for, 35-36 in former Soviet Union, 124-125 during incarceration, 56-59 media guidelines for reporting on, 224–225 peer support and, 172 police interference with use of, 53-56 stigma interference with, 4-7, 24, 28-32 underfunding of, 51-53 HCV. See hepatitis C virus health, stigma consequences for, 4-5 health information, media selection and framing of, 213–219 health insurance, as treatment barrier, 110-112, 260 health messaging. See public health campaigns healthcare. See also substance use services hybridized criminal justice interventions with, 52-53, 62-64 incarceration and, 56-59 individually-focused ethics in, 72-73 intersectionality in provision of, 97-98 person-centered care in, 75-77 stigma as barrier to, 6–7, 50–53 stigma influence on policy in, 32 structural discrimination in denial of, 110-112, 260 SUD stigma in, 29-30, 32, 51-53, 70-71, 119–120, 129, 232–246 SUD stigma reduction in, 232-246 better interventions through, 234-236 clinical practice change recommendations for, 234-236 emergency medicine, 237-239 language role in, 243-246 primary care, 239-241 psychiatric ward, 241-243 healthcare professionals language used by, 243-246 stigma reduction advocacy by, 256-259 stigmatizing attitudes in, 29-30, 32, 51-53, 70-71, 119-120, 129, 232-246 SUD stigma experienced by, 202-203, 205-207 hepatitis C virus (HCV), 108 heroin use, 91–92, 217 high-income countries, SUD stigma in Europe, 115–117 North America, 109–112

Index

HIV. See human immunodeficiency virus homelessness, 96-97 Honest Open Proud (HOP), 182-190 hope, 201-202, 207-208 human immunodeficiency virus (HIV) ethics lessons from pandemic of, 77-78 injection drug use and, 108 in sub-Saharan Africa, 118 hybridized health-justice interventions, 52-53, 62-64 identity disclosure of SUD and, 180-182 pride in, 181-182 illegal drug use European stigma toward, 116–117 global, 107-109 stigma as public health resource against, 78-81 illicit drugs decriminalization of, 62-64, 112, 116-117, 167-168, 260-262 media coverage of, 214-219 public policy on, 23-24 stigma of licit substances compared with stigma of, 27-28, 34-35 illness model of SUD, 9 incarceration rate of SUDs among people in, 48-49 stigma in, 56-59 India. See South Asia and India Indigenous people criminalization of, 48-49 police interactions with, 53-56 indiscriminant disclosure, 185-186 individual responsibility, 9, 29, 33-34, 73-77 individualized placement and support (IPS), 172 individually-focused ethics bioethics as, 72-77 limitations of, 73-77 SUD impacts of, 73-77 inequitable social conditions, in criminal justice system involvement in substance use, 49-50 injection drug use, 108 Inspiring Change curriculum, 159-160 institutional policies, stigma and, 23-25, 28-30, 33-37, 195-197 institutional stigma. See structural stigma internalized stigma. See self-stigma international perspectives on stigma, 107-109, 259-262 Europe, 115-117 former Soviet Union countries, 121-126 global implications of SUD stigma and, 130-131

> high-income North America, 109–112 India and South Asia, 126–130 Latin America, 113–115 sub-Saharan Africa, 117–121 intersectional stigma, 88, 91, 98-100 in addition to race, gender, sexual orientation, and class, 96-97 disclosure and, 188-189 gender and SUD stigma, 92–93 history of intersectionality, 88-89 implications of, 98-100 in interventions and health care provision, 97-98 racialized drug stigma, 91–92, 96 resilience model of, 89-90 risk model of, 89–90 sexual orientation and SUD stigma, 93-94 socioeconomic status and SUD stigma, 94-96 intersectionality history of, 88-89 in practice, 97-98 intervention. See also evidence-based treatment; harm-reduction services; substance use services healthcare stigma reduction for better, 234-236 hybridized health-justice, 52-53, 62-64 intersectionality in, 97-98 stigma as impediment to, 3-7, 24, 108-109, 115-116 interventional stigma, 24, 37. See also policy involuntary residential treatment, 52-53 IPS. See individualized placement and support jail. See incarceration journalism. See also media media guidelines for, 219–226 mental health news selection and framing in, 214-216 Just Say No! campaign, 260-262 label avoidance, 253-254 language impact on, 165-166 public stigma and, 4-5 as recovery impediment, 7-8 self-stigma and, 5-6 labels need for changes in, 7-8 police officer use of, 53-56 public stigma and, 4-5 language in healthcare settings, 243-246 media guidelines on use of, 225-226 neutral, 165–166

Latin America, SUD stigma in, 113-115

Index

269

law enforcement officers. See police officers legislation harms caused by, 50–51 stigma relationship to, 23–24 as structural stigma, 195–197, 260–262 on substance use, 2 LEROs. See lived-experience recovery organisations LGBTQIĂ+ communities, 93–94 literacy, ethical, 81-83 lived experience advocacy by people with, 256–259 community-based participatory research inclusion of people with, 154-159 of criminal justice system, 46-48, 62-64 community re-entry, 59-62 criminalization of substances, 50-51 incarceration, 56-59 inequitable social conditions, 49-50 police interactions, 53-56 underfunding of substance use services, 51-53 healthcare professionals with, 202-203, 205-207 of institutional stigma, 195–197 of public stigma, 193–194 of self-stigma, 15-22, 197-199 of SUD stigma, 15–22, 194–195 lived experience peer involvement, 193-209 in policy making, 207–208 potential harms of, 203-204 in practice, 204–205 professional, public and institutional stigma reduction through, 202-203 recovery with and without, 200-202 research needed in, 207–208 self-stigma reduction through, 197–199 stigma towards, 205–207 lived-experience recovery organisations (LEROs), 201 mandatory minimum sentencing policies, 25-26 marginalized groups. See also community-based participatory research; intersectional stigma in criminal justice system involvement in substance use, 49–50 criminalization of, 48-51, 91-92 deliberate stigmatization of, 77-81 structural discrimination against, 110–112, 260-262 mass media. See media media, 213

framing by, 213–219 illicit drug coverage by, 214–219

270

media (cont.) public opinion shaping by, 213-214 SUD stigmatization in, 193-194, 213-219, 222-223, 226, 259 media guidelines, 213, 226 content and objectives of, 219-222 key issues of, 222-226 medical model of SUDs, 69-72, 253-254 mental disability, 96–97 mental health diseases (MHD) disclosure of, 182 identity relationship to, 180-182 intersectional stigma in, 98-100 media framing of, 213-219 SUD stigma compared with stigma of other, T-2 mental healthcare during incarceration, 56-59 stigma as barrier to, 6-7 methadone, 24-28, 56-59 Mexico, SUD stigma in, 113-115 MHD. See mental health diseases minority stress, 93-94 moral model, of SUDs, 70-71 multiple jeopardy perspective, 89-90 mutual aid, 197-207 naloxone distribution, stigma against, 24, 30 narcological monitoring, in Russia, 122-124 narcology, Soviet system of, 121-125 Narcotics Anonymous, 60, 181, 205 National Institute on Drug Abuse (NIDA), media advisory guidelines of, 219–222 Netherlands, 116-117, 260-262 news. See also media journalist selection of, 214-216 nicotine use, 2. See also smoking NIDA. See National Institute on Drug Abuse NIMBY phenomenon, 27-28, 31-32 non-binary gender, 93–94 non-disclosure, 185-186 non-urban areas, SUD stigma in people living in, 96-97 North America, SUD stigma in, 109–112 nurses, stigmatizing attitudes in, 29-30, 32, 51-53, 129, 232-246 online media, SUD stigmatization in, 218 opioid substitution treatment in former Soviet Union, 124–125 during incarceration, 56-59

in South Asia, 129 stigma against, 24–28, 32 opioid use global, 107

Index

intersectional stigma and, 91-92 media coverage of, 216-218 public policy on, 23-24 in South Asia, 126–127 opioid use disorder in South Asia, 127–128 stigma against interventions for, 24-32 overdose, police involvement in, 53-56 overdose prevention sites, stigma against, 24, 29 PAR. See participatory action research pardon, of criminal record, 61-62 parole, substance use during, 59-62 parole hearings, substance use disclosure in, 56-59 participatory action research (PAR), 144-145. See also community-based participatory research in intersectionality, 100 PCC. See person-centered care PDMP. See prescription drug monitoring program peer support, 193–209 community support through, 60 potential harms of, 203-204 in practice, 204-205 recovery with, 200-202, 257-258 research needed in, 207-208 self-worth promotion through, 169–170, 172 stigma reduction through, 197-200, 202-203, 207-208 stigma towards, 205–207 wider impacts of, 202-203 peer support groups. See also specific groups community support through, 60 peers, disclosure to, 15-22 person-centered care (PCC), 75-77 person-first language, 225-226 Peru, 113–115 pharmacists, stigmatizing attitudes in, 32, 51-53 pharmacy-level policies, stigma influence on, 32 physical disability, 96-97 physical health, poor, 96-97 physicians stigma reduction advocacy by, 256–259 stigmatizing attitudes in, 29-30, 32, 51-53, 129, 232-246 SUD stigma experienced by, 202-203, 205-207 police officers in former Soviet Union, 125–126 stigmatizing attitudes in, 30, 53-56 police-based diversion programs, 52-53 policy. See also punitive policies deliberate use of stigma in, 78-81

> ethics omission from debates on, 70-71 in HIV/AIDS pandemic, 77-78 lived experience peer involvement in, 207–208 media influence on, 213–214 stigma relationship to, 23-25, 37, 260-262 influence of policy on stigma, 27-28 influence of stigma on policy implementation, 26–27 influence of stigma on policy support and enactment, 25-26, 28-30 qualitative research exploring, 31-32 strategies to reduce, 33-37 survey research examining, 28-30 as structural stigma, 24–25, 50–51, 195–197, 260-262 Portugal, 116-117, 260-262 poverty in criminal justice system involvement in substance use, 49-50 deliberate stigmatization and, 78-81 SUD stigma and, 94-96 power sharing, in community-based participatory research, 157-158 prescription drug monitoring program (PDMP), 26-27 prescription opioid misuse, 91-92 press. See media press association guidelines, 219–221 prevention of substance use, 165, 170-171, 225 preventive monitoring, 122-124 pride, in identity, 181–182 primary care, stigma reduction in, 239-241 prison. See incarceration professional stigma, 202–203 professionals. See healthcare professionals progressive model of self-stigma, 5-6 prohibition laws, 50-51, 167-168 protest, as anti-stigma strategy, 10-11, 167-168 psychiatric ward, stigma reduction in, 241-243 public health development of ethics of, 78 HIV/AIDS pandemic ethics lessons for, 77-78 stigma as resource of, 78–81 public health campaigns negative stereotypes in, 170-171 stigma reduction using, 33–37, 164–165 public opinion, media shaping of, 213-214 public policies deliberate use of stigma in, 78-81 in former Soviet Union, 125–126 stigma relationship to, 23-25 influence of policy on stigma, 27-28 influence of stigma on policy implementation, 26-27

Index

271

influence of stigma on policy support and enactment, 25-26, 28-30 qualitative research exploring, 31-32 strategies to reduce, 33-37 survey research examining, 28-30 public stigma, 3-5, 253-254 disclosure reduction of, 258-259 harms caused by, 4-5 lived experiences of, 193-194 media promotion of, 217-218 peer support in reduction of, 202-203 policy relationship with, 25-30 protest, contact and education roles in elimination of, 10–11 racialized drug, 91–92 self-stigma reinforcement by, 197–199 in South Asia, 128–129 in sub-Saharan Africa, 119–120 punitive policies. See also criminal justice system limits of, 46 social justice aspects of, 34-35 societal preference for, 51-53 stigma relationship to, 24-28, 37 strategies to reduce, 33-37 quick-reference pamphlets, media advisory guidelines in, 219-221 racialized drug stigma, 91-92, 96 racism affirming attitudes replacement of, 255 in criminal justice system, 48-49 criminalization of drug use and, 34-35 stigma of substance use compared with, 17 substance use stigma compounded with, 26-27 recovery autonomy role in, 73-75 disclosure of, 202-203 empowerment role in, 73-75 label-avoidance as impediment to, 7-8 lived experiences of, 15-22 media guidelines for reporting on, 224-225 outcome versus process of, 257-258 peer support in, 197-202, 204-205, 208-209, 257-258 person-centered care in, 75-77 self-determination role in, 73-75 social and individual responsibility role in, 9 stigma as impediment to, 3-7, 24, 108-109, 115-116, 232 visible, 207-208 recovery identity, 180–182 re-entry, community, 59-62

272

regulations stigma relationship to, 23-24 stigma role in, 2-3 relapse, 15-22 relational autonomy, 73-75 research. See also community-based participatory research in intersectionality, 100 stigma interference with, 144 residential treatment, involuntary, 52-53 resilience model, of intersectional stigma, 89-90 resource manuals, media advisory guidelines, 219-222 responsibility media, 219, 222–224 medical model and, 71-72 for substance use, 2-3, 9, 29, 33-34, 73-77 Rights, Respect and Recovery, 194–195, 205-208 rights agenda, of stigma reduction, 163, 166-169, 172-173, 253-254 risk model, of intersectional stigma, 89-90 Russia, 121-126 schizophrenia, SUD stigma compared with stigma of, 1-2 Scotland drug death rate in, 194-195 lived experience peer support in, 199-200, 205-207 media SUD stigmatization in, 193–194 policy making in, 207-208 selective disclosure, 185-186 self-determination recovery role of, 73-75 self-worth agenda to promote, 163, 169–170, 172-173, 253-254 self-disclosure, 19 self-stigma, 3-6, 253-254 ACT as intervention for, 189 criminalization promotion of, 50-51 disclosure as intervention for, 180, 182-189 harms caused by, 5-6 lived experiences of, 15-22, 197-199 media promotion of, 213-214 peer support in reduction of, 197-199 progressive model of, 5-6 reduction of, 257 in South Asia, 127–128 in sub-Saharan Africa, 118 self-worth, 169–170, 172 self-worth agenda of stigma reduction, 163, 169–170, 172–173, 253–254

Index

service user research, 144-145. See also community-based participatory research services agenda of stigma reduction, 163-166, 172-173, 253-254 SES. See socioeconomic status 7th Step Society, 46-47, 60 sexual orientation, SUD stigma and, 93-94 shame peer support impact on, 201-202 self-stigma and, 197-199 stigma reduction to minimize, 169–170 Sick Doctors Trust, 201 SMART Recovery, 205 smoking risks associated with, 2 stigma role in denormalization of, 78-81 in sub-Saharan Africa, 119–120 social activism, as stigma reduction strategy, 10-11, 167-168 social avoidance, 185 social cleansing, 114 social constructions, policy targeting of, 25-26 social function, of SUD stigma, 1-11 social injustice in criminal justice system involvement in substance use, 49-50 rights agenda targeting of, 163, 166-169, 172-173, 253-254 SUD stigma as, 262 social intolerance, 125–126 social media disclosure on, 189 SUD stigmatization in, 218 social responsibility, 9, 29, 33-34, 73-77 social stigma. See public stigma socioeconomic status (SES) in criminal justice system involvement in substance use, 49-50 deliberate stigmatization and, 78-81 SUD stigma and, 94-96 South Asia and India, 126, 129–130 gender and SUD stigma in, 129 public and structural stigma in, 128-129 self-stigma in, 127–128 substance use patterns in, 126-127 Soviet Union. See former Soviet Union sponsorship, 205 status degradation ceremony, 56-59 statutes, stigma relationship to, 23-24 stereotypes education to challenge, 10-11 eradication of, 252-253 language impact on, 165-166 media promotion of, 213-214 in public health campaigns, 170-171

> public stigma and, 4-5 self-stigma and, 5-6 substance use regulation by, 2-3 stigma. See also specific forms of stigma; specific topics anticipation of, 3-6, 26-27, 253-254 conceptual changes needed in, 1-11 cultural variation in, 2-3, 127-128, 260-262 definitions of, 15, 253-254 as ethical concern, 68–69 gender and, 92-93 global implications of, 130–131 harms caused by, 1–11, 232, 252–254 in HIV/AIDS pandemic, 77-78 intervention and recovery impediment by, 3–7, 24, 108–109, 115–116, 232 labeling role in, 4-5, 7-8 towards lived experience peer involvement, 205-207 media promotion of, 193-194, 213-219, 222-223, 226, 259 process of, 88 as public health resource, 78–81 race and, 91–92, 96 racism compared with, 17 regulation of substance use by, 2-3 research interference by, 144 responsibility role in, 2-3, 9, 29, 33-34, 73-77 sexual orientation and, 93-94 social function of, 1-11 socioeconomic status and, 78-81, 94-96 of SUDs compared with other mental disorders, 1-2 as treatment barrier, 3-7, 24, 108-109, 115–116, 163–164 stigma reduction, 252-254 ACT as intervention for, 189 through advocacy, 199–200, 256–259 affirming attitudes in, 255 conflict among agendas of, 170–171 contact as strategy for, 10–11, 168–169, 171-172, 197-199, 202-203 in criminal justice system, 46-48, 62-64 disclosure as intervention for, 180, 182-189, 258-259 education as strategy for, 10-11, 164-165, 167-168 goals of, 252–255 in healthcare, 232–246 better interventions through, 234-236 clinical practice change recommendations for, 234-236 emergency medicine, 237-239 language role in, 243-246

Index

273

primary care, 239-241 psychiatric ward, 241-243 international theatre of, 259-262 intersectionality in, 257 optimism for, 262 overlap and coordination of agendas of, 171-172 peer support in, 193-209 protest as strategy for, 10-11 public communication campaigns for, 33-37, 164-165 rights agenda of, 163, 166–169, 172–173, 253-254 self-worth agenda of, 163, 169–170, 172–173, 253-254 services agenda of, 163–166, 172–173, 253-254 of structural stigma, 46-48, 62-64 targeted, 254–255 story crafting, for substance use disclosure, 187 structural stigma, 3-4, 6-7, 253-254 criminalization as, 6-7, 50-51, 260-262 harms caused by, 6-7, 50-53 lived experiences of, 195-197 media promotion of, 217-218 peer support in reduction of, 202-203 in police interactions, 53-56 policy as, 24-25, 50-51, 195-197, 260-262 reduction of, 46-48, 62-64 self-stigma reinforcement by, 197–199 in South Asia, 128–129 substance use service underfunding as, 51-53 in United States, 110–112, 260–262 sub-Saharan Africa, 121 alcohol use in, 117–120 enacted stigma in, 119–120 gender and SUD stigma in, 120 HIV in, 118 internalized stigma in, 118 smoking in, 119–120 substance use. See also specific topics acceptable, 2 crime relationship with, 48-49 criminalization of, 46-48, 62-64, 166-167 disclosure and, 188 global, 112, 116-117 racial differences in, 34–35 stigma promotion of, 50-51 as structural stigma, 6–7, 50–51, 260–262 substance use regulation by, 2-3 ethical responses to, 68-69 legislature changes regarding, 2 policy on, 23-24 prevention of, 165, 170–171, 225 responsibility for, 2–3, 9, 29, 33–34, 73–77

274

substance use. (cont.) risks associated with, 2 South Asian patterns of, 126–127 stigma as means to regulate, 2-3 substance use disorders (SUD). See also specific topics bioethics impacts on, 73-77 biological causal explanations of, 35, 253-254 biopsychosocial model of, 69-72 continuum model of, 1-11 global prevalence of, 107–109 identity relationship to, 180–182 illness compared with behavioral model of, 9 labeling of people with, 4-5, 7-8 lived experiences of, 15-22 media stigmatization of, 193-194, 213-219, 222-223, 226, 259 medical model of, 69-72, 253-254 moral model of, 70-71 social function of stigma against, 1-11 stigma as impediment to treatment and recovery from, 3-7, 24, 108-109, 115-116, 232 stigma of other mental disorders compared with stigma of, 1-2 substance use services global barriers to, 108–109 hybridized criminal justice interventions with, 52-53, 62-64 during incarceration, 56-59 intersectionality in, 97-98 media guidelines for reporting on, 224-225 person-centered care in, 75-77 police interference with use of, 53-56 services agenda to promote engagement with, 163-166, 172-173, 253-254 sexual minority access to, 93-94 stigma as barrier to, 3-7, 24, 108-109, 115-116, 163-164 stigma toward, 23–25, 37 influence of policy on stigma, 27-28 influence of stigma on policy implementation, 26-27 influence of stigma on policy support and enactment, 25-26, 28-30 qualitative research exploring, 31-32 strategies to reduce, 33-37, 163-166 survey research examining, 28-30

Index

structural discrimination in denial of, 110-112, 260 underfunding of, 51-53 substance use stigma. See stigma SUD. See substance use disorders support groups. See peer support groups synthetic opioids, 23-24 syringe services programs, 24, 29, 32 targeted stigma reduction, 254-255 tobacco use, 107, 126-127. See also smoking treatment-seeking, services agenda to promote, 163–166, 172–173, 253–254 tuberculosis, alcohol use and, 118-120 12-step groups, 15-22, 60, 181, 205-207 underfunding, of substance use services, 51-53 United Kingdom, media SUD stigmatization in, 193–194 United Kingdom's Equality Act 2010, 195-197 United States stigma relationship with policy in, 28-30 structural discrimination in, 110-112, 260-262 substance decriminalization in, 167-168 substance use policies in, 23-24 SUD stigma in, 109-112 Uruguay, 113-115 user-controlled research, 144-145. See also community-based participatory research victim-blaming, 78-81 visible recovery, 207-208 war on drugs, 6-7, 50-51, 78-81, 260-262 why try effect, 197 withdrawal, in criminal justice system, 53-59 women intersectional stigma experienced by, 88-89, 92-93 in South Asia, 129 in sub-Saharan Africa, 120 SUD stigma experiences of, 15-22 work camps, Soviet Union, 121-122, 124 world. See also international perspectives on stigma

substance use and SUDs around, 107–109