

# Breaking Barriers: The Intersection of Stigma and Substance Use

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## Learning Objectives

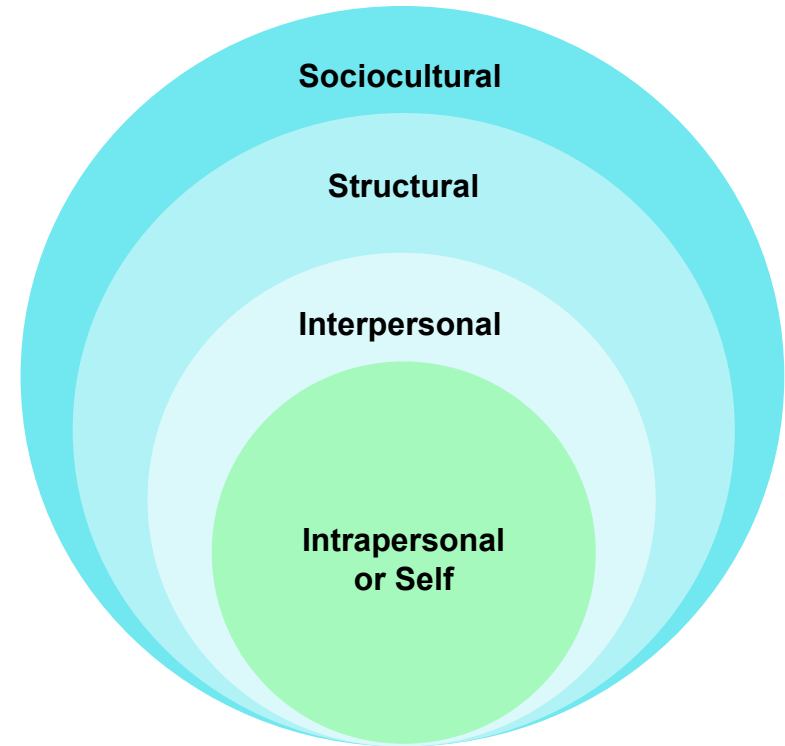
- Define Structural Stigma and its' impact on treatment outcomes and patient trust
- Discuss how we address stigma through education, community engagement, and advocacy
- Describe novel substances and their impact on an evolving drug market
- Encourage the “web” structure to address the multiple dimensions of drug use and death overdose deaths

## Labeling – an origin for stigma

- Labeling is used within cultures to separate and reinforce differences between individuals in the context of the larger groups
  - This can be positive!
    - “He’s the life of the party!”
    - “She’s a brilliant scientist”
    - “They are the kindest person I know”
- Labeling helps to communicate characteristics of an individual to others and influences their standing within the group
- However; labeling can also be negative
  - “He’s so stupid”
  - “She’s bossy all the time”
  - “They are difficult to work with.”

## Reinforced Differences IS Stigma

- “Stigma is the social process of labeling individuals or groups, leading to stereotyping, prejudice, and discrimination”
  - World Health Organization, 2001
- Stigma influences viewpoints and decisions and over time can become ingrained through a society
  - **Socio-Cultural**
    - Reinforced through media, social campaigns, political groups
  - **Structural**
    - Reinforced through organizations and institutions
  - **Interpersonal**
    - Reinforced through shared belief systems, storytelling
  - **Intrapersonal**
    - Reinforced through lived experience

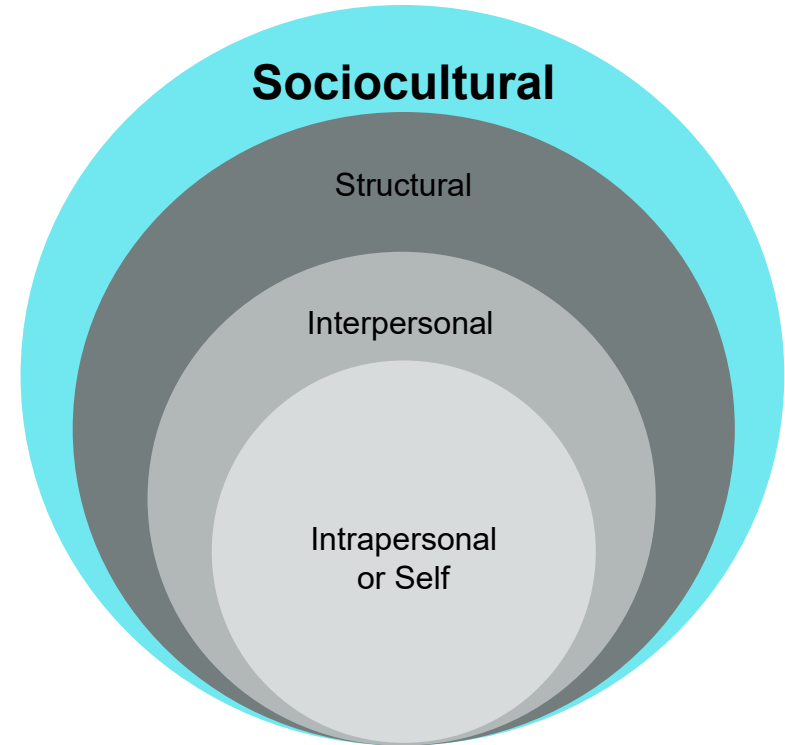


## In the words of people who use drugs

- 1. Self-stigma:** Participants felt that society told them that being a drug user meant they could not also be decent human beings.
- 2. Social stigma:** Participants felt drug laws shaped stigma and that the public's opinions on PWUD were untrue and outdated.
- 3. Structural stigma:** Drug laws were worse than the harm of drugs themselves. They described engaging in crime or sex work because their criminal records prevented them from getting a job. Participants said drug laws created barriers to them using social supports.
- 4. Lack of Action:** Lack of policy action on the drug poisoning crisis, resulting in needless suffering and death. They felt that stigma was the result of drug laws and that the stigma prevented real progress in the area of drug reform.
- 5. Shifting drugs away from policing:** Changing drug laws could improve their relationship with police, who are often called to overdose emergencies. One participant suggested that if laws were changed, it would be easier to trust the police. If PWUD feel they can trust the police, then the police will be able to connect PWUD to social services.

## Addressing SocioCultrual Level Stigma

- Disease Modeling
- Harm Reduction as a Public Health Approach
- Education Campaigns
- Advocacy



## Disease Modeling

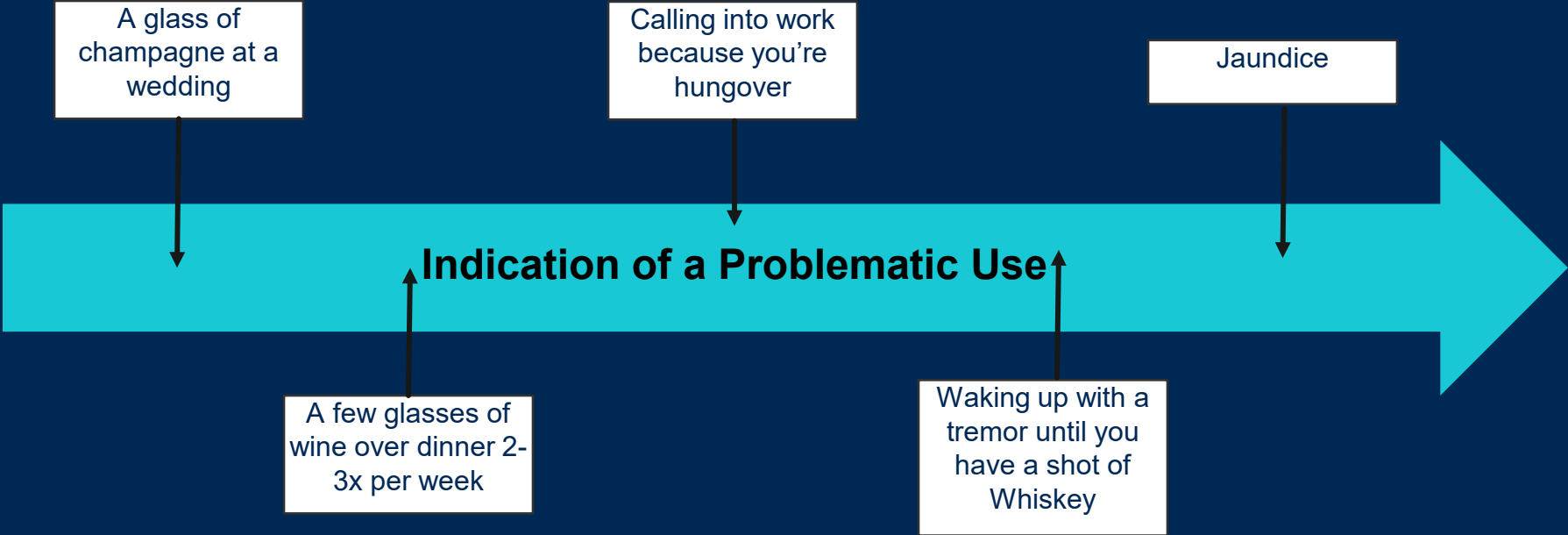
# Substance Use Disorder

- A treatable, chronic medical condition involving the complex interaction of brain circuits, genetics, the environment and an individual's life experiences.

Characteristics:

- **Craving**
- Unable to **Control** Use
- Continued use despite **Consequences**

# Defining Use, Misuse, and Abuse - Alcohol



# Public Health Programming

**Harm Reduction:** *a philosophy focused on building policies, procedures, and infrastructures that mitigate risk of negative events, while ALSO reducing the impact when negative events occur.*

- Driving is dangerous.....
  - Speed limits reduce the chance that accidents will happen (risk mitigation)
  - Seatbelts don't reduce the number of accidents, they improve the likelihood of survival once the accident has occurred (reduce negative impact)

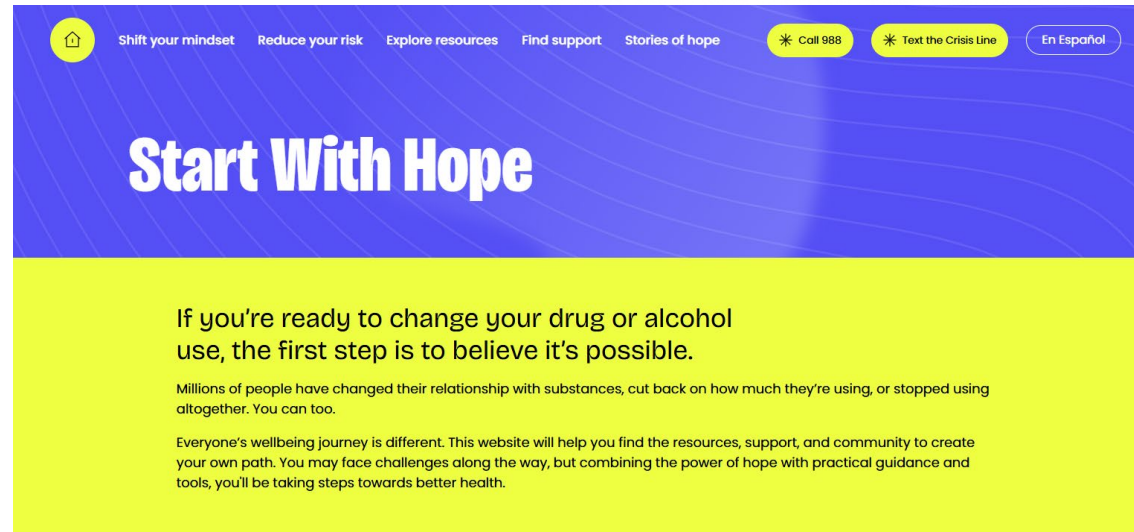
## Harm Reduction applied to people living with addiction:

- Reducing the morbidities associated with active substance use
  - **Safe syringe Programs**
    - Access to new, unused equipment
  - **Peer Recovery Programs**
    - Engaging with people who are in recovery with people who are looking to begin their journey
  - **Safe and judgement free medical care spaces**
    - A place to access treatment for skin infection, HIV, PREP, Hepatitis C



## Education and Advocacy

- [Start With Hope Ad Council](#)
- [Shatterproof](#)
- [American Society of Addiction Medicine](#)
  
- Advocacy
  - [Find your Representative](#)
  - [Find your Senator](#)
  
- Local Organizations
  - [Grand Rapids Red Project](#)
  - [Harm Reduction Michigan](#)



Start With Hope

If you're ready to change your drug or alcohol use, the first step is to believe it's possible.

Millions of people have changed their relationship with substances, cut back on how much they're using, or stopped using altogether. You can too.

Everyone's wellbeing journey is different. This website will help you find the resources, support, and community to create your own path. You may face challenges along the way, but combining the power of hope with practical guidance and tools, you'll be taking steps towards better health.

# Kent County Opioid Report (April 2025)

- Black decedents tend to be older than white counterparts
- Significant differences in stimulant use (cocaine vs meth)
- High cocaine but lower opioid use indicates that opioid deaths may be from 'contaminated' cocaine supply.

## OVERDOSE CHARACTERISTICS BY RACE

Source: Kent County Medical Examiner<sup>1</sup>; MI EMS Information System (MI-EMSIS), System for Overdose Surveillance (SOS)<sup>2</sup>

Figure 7. Average age of overdose death, all drugs and opioid-involved by race & sex, Kent County, 2018-2025<sup>1</sup>

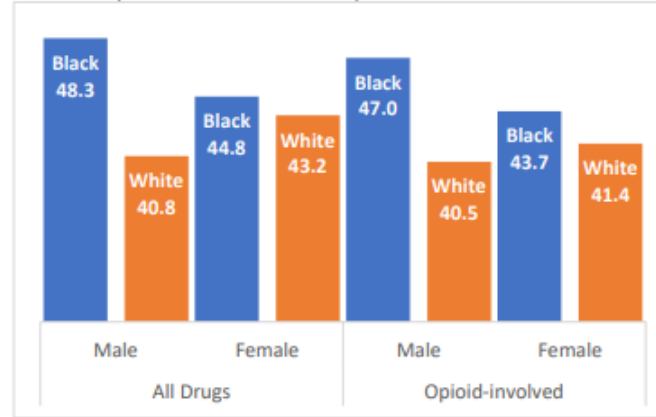


Figure 8. Naloxone administrations per 100,000 population by race, Kent County, 2018-2024<sup>2</sup>

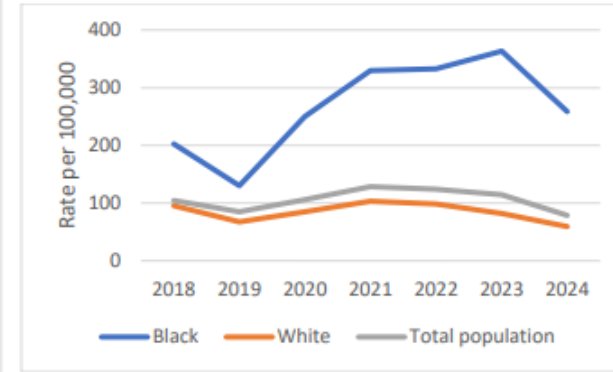
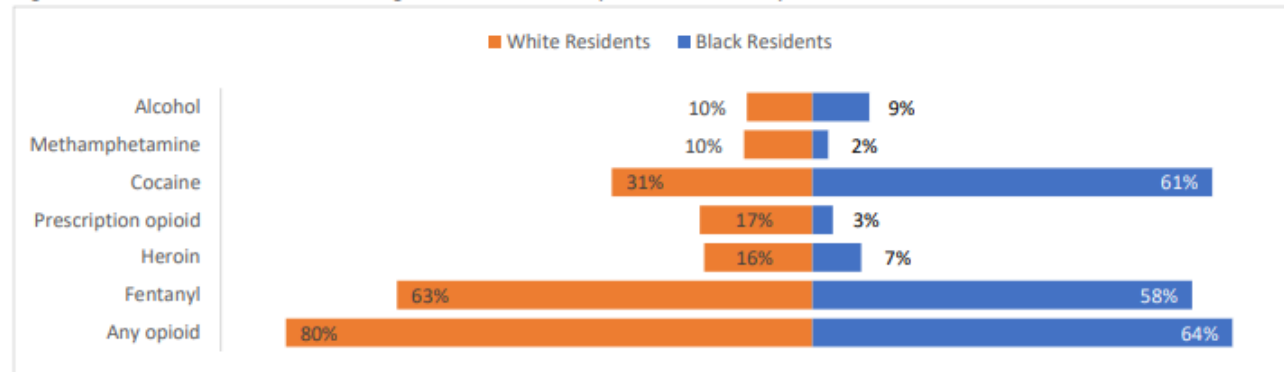


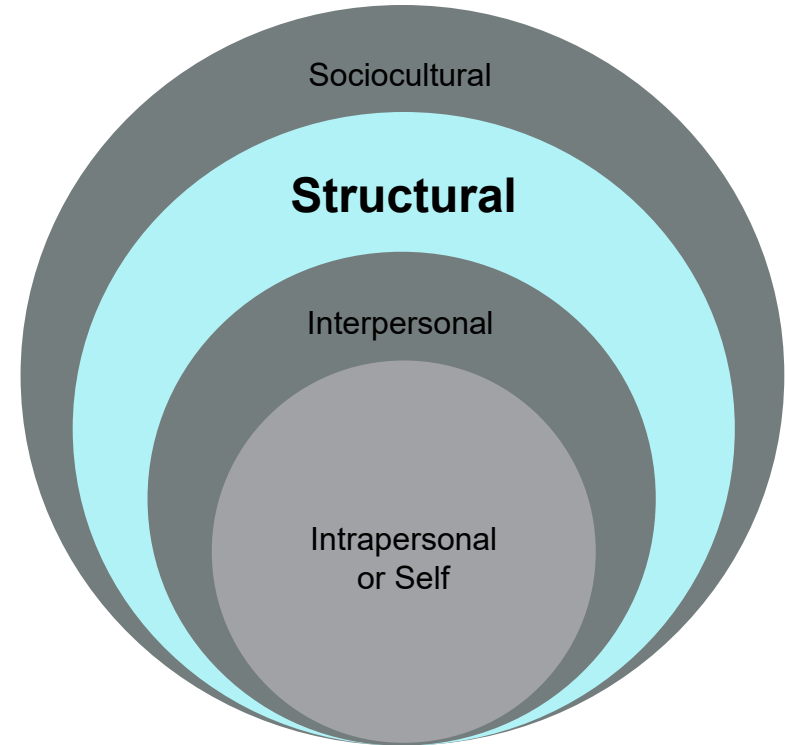
Figure 9. Percent of overdoses involving select substances by race, Kent County, 2018-2025<sup>1</sup>



Note: Multiple drugs are often identified as a related cause of death in a single case

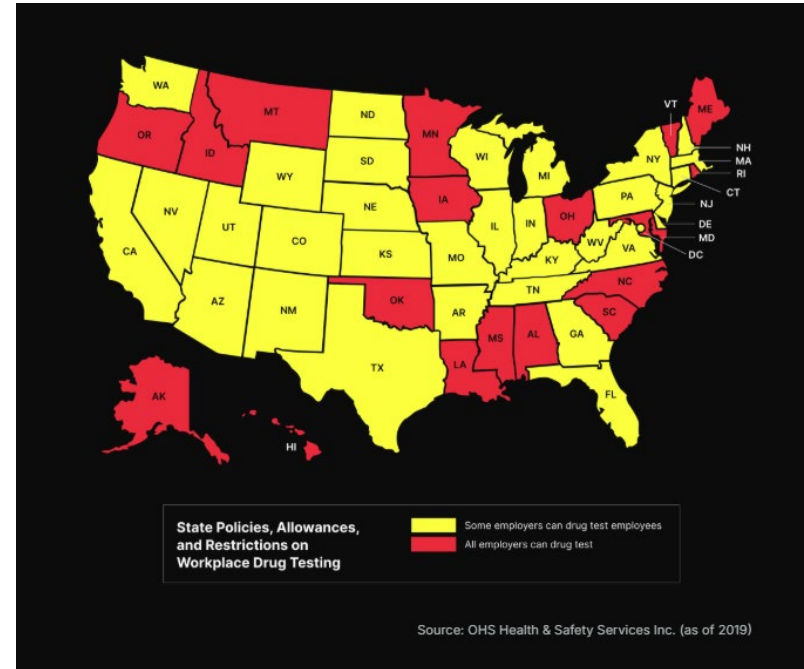
## Addressing Structural Level Stigma

- Social Systems
  - Legal and Justice Systems
  - Housing
  - Employment
  - Drug Testing



# Housing and Employment

- **1988 Anti-Drug Abuse Act**
  - Public Housing Authorities (PHAs) require immediate termination of lease (eviction) for “drug related criminal activity, on or near public housing premises
  - Applies to tenant, household member, or guests
  - **1996 “One Strike” policy added**
    - Violation for **suspected** drug use; regardless of an arrest or criminal conviction
  
- **1988 Drug-Free Workplace Act**
  - Requires all federal (public) employees and private sector employees who receiving federal funding of >\$100,000 annually to require drug testing for all employees at time of employment offer
  - Requires policies/process for suspected drug use in the workplace
  - **No requirement to connect people to treatment services**



# Housing as Health

- **Collard et al, 2014**
  - 103 participants for 2 years
- **Key Takeaways**
  - Housing with support systems leads to sustained recovery
  - Transitional systems in early recovery address the root causes of recidivism; employment, health, and housing
  - Employment rates were higher in higher accountability environments; recovery longer in less restrictive environments

Remington House (n = 35)	Darmouth House (n = 35)	Non-Supportive Housing (n = 33)
<ul style="list-style-type: none"> <li>• Apartment complex with rent based on monthly income</li> <li>• Average length of sobriety: 18 months</li> <li>• On-site social workers and addiction counselors</li> <li>• No restrictions for entering or leaving the premises</li> <li>• Mandatory drug screening</li> <li>• Loss of housing if participant relapsed but refused treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Time-limited housing community with weekly member fee</li> <li>• Average length of sobriety: 14 months</li> <li>• On-site case managers and addiction counselors</li> <li>• Daily chore requirement</li> <li>• Strictly enforced curfew</li> <li>• Random drug testing</li> <li>• Terminated from program upon relapse, but able to return after treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals who leased their own apartments or were living with relatives or friends</li> <li>• Average length of sobriety: 7 months</li> <li>• No services with on-site staff</li> </ul>

# Workplace Drug Testing

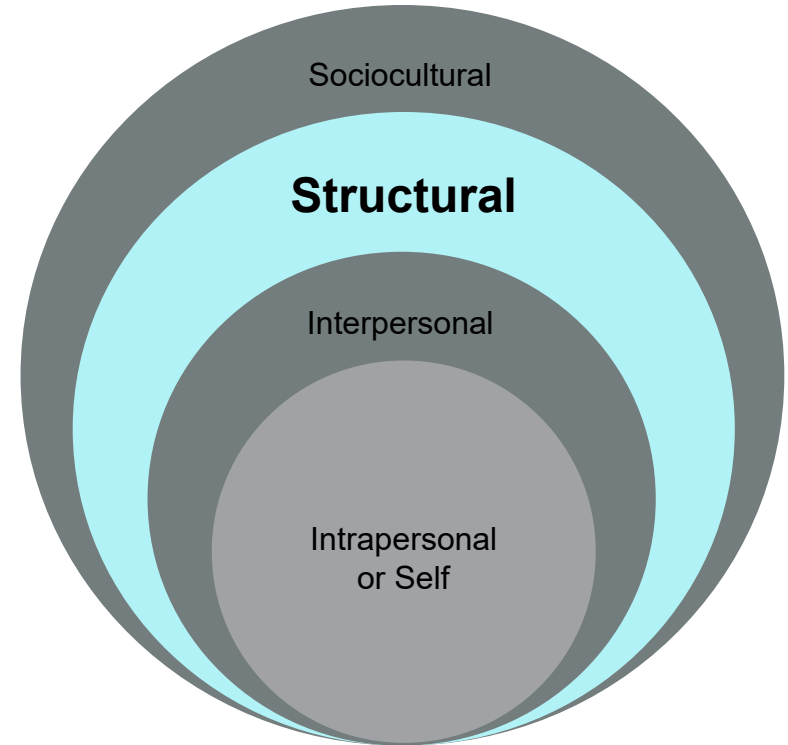
- Usually “Point of Care” or ‘quick tests’
  - Lab based urine drug testing is expensive
  - High risk of false positives
    - Poppy Seeds
    - Antidepressants
    - Energy Drinks
- Different than DOT or Legal Testing (observed)
- Different products have different cut offs for “positive”
- Legal Considerations
  - Presence  $\neq$  intoxication
  - Urine does not measure job competence



## Addressing Structural Level Stigma

- **Health/Treatment System Navigation**

- Where to start?
- Insurance
  - Deductibles, Copays, Coinsurances - \$\$\$
  - Health vs Prescription Coverage – is it covered?
- Health Provider
  - Disclosure, Judgement, Stigma
  - Awareness of treatment and education
- Pharmacies
  - Cost
  - Supply Chain of medication



## The call is coming from inside the house...

- Muncan et al., (2020)
  - 71.2% of PWID reported experiencing a stigmatized event in a healthcare setting
  - 59.4% reported anticipated stigma prevented them from accessing health services.
  - 62.5% seeking care through a syringe program/needle exchange because it didn't contribute to stigma
- Goodyear et al., (2020)
  - Health care providers were less likely to treat Hepatitis C in PWID because of beliefs for medication non-adherence; presumed lack of engagement, and repeated or continued injection drug use
- Kimmel et al., (2021)
  - 81.8% of hospitalized people with OUD needing post-acute care (unrelated to OUD) were rejected for long term care placement.

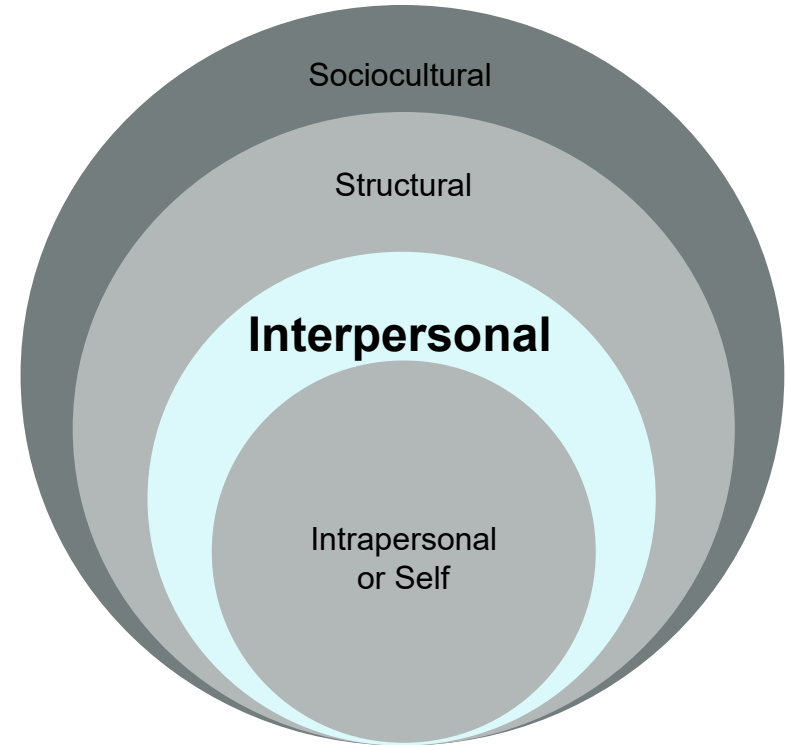
# Current State of Treatment

# 22%

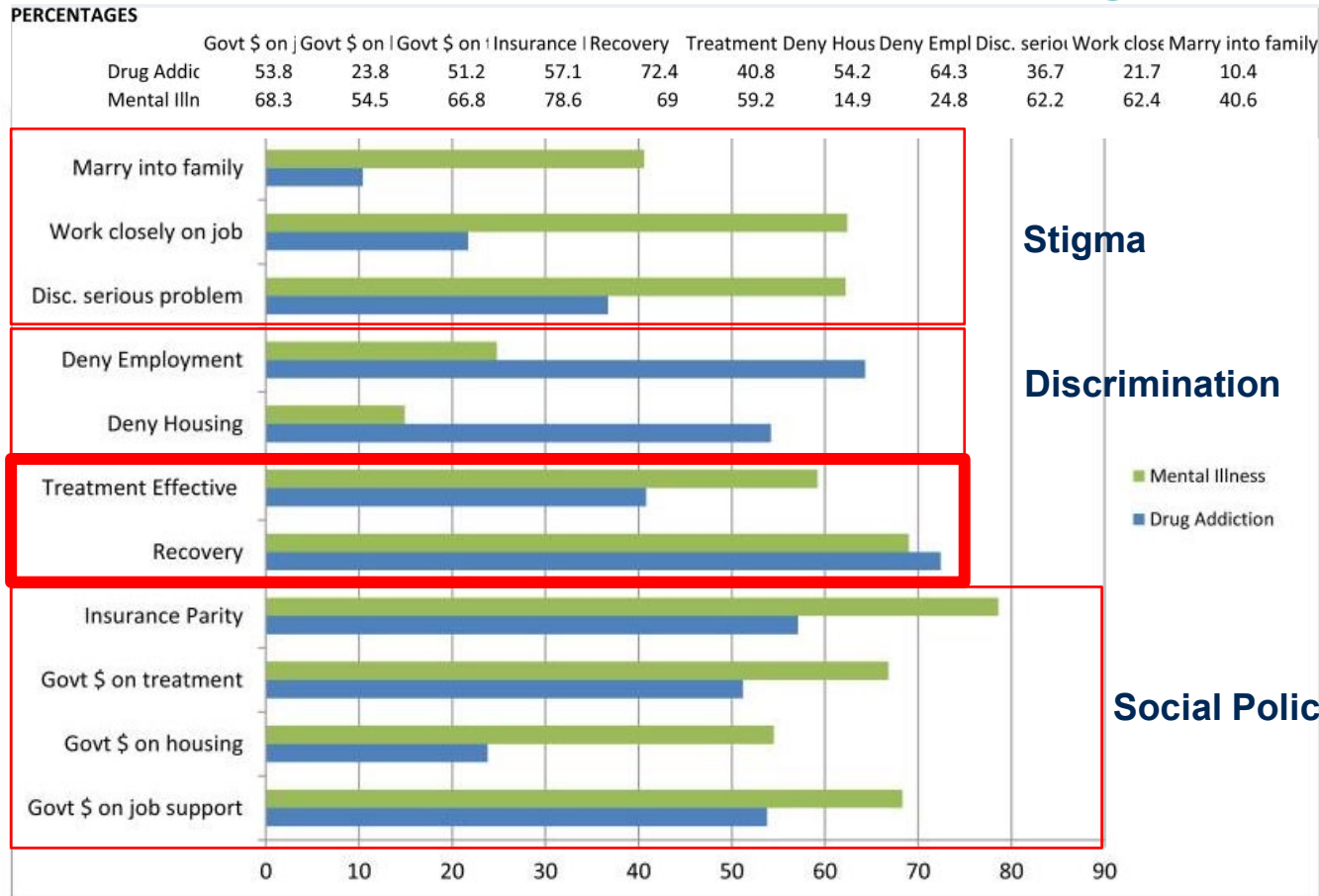
- 
- In 2021 only 22% of people 12 and older with OUD received treatment. Why is this number so low?
    - Stigma among healthcare professionals: We often see patients at their worse (e.g. after an overdose or return to use) and don't see success stories
    - Patients have had negative experiences and lack of trust in the healthcare system
    - Insurance/financial barriers
    - Lack of training for healthcare professionals to treat patients living with addiction
      - Mental health and personality challenges

## Addressing Interpersonal Stigma

- Inclusivity
- Language and Dialogue



# Stigma and Substance Use Disorders



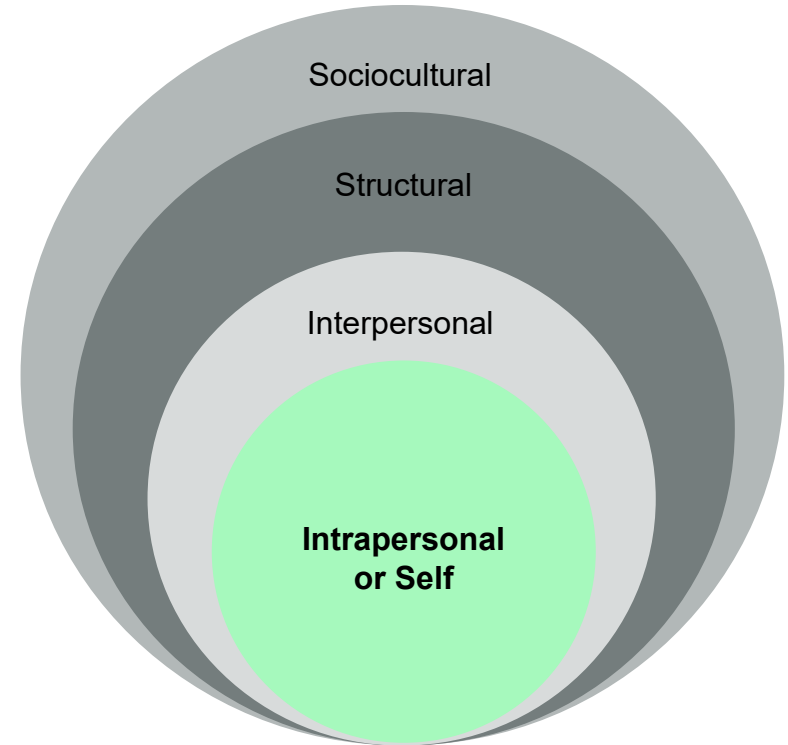
- Barry et al.,(2014) compared mental health and substance use disorder

- Survey asked the same root question but changed “mental health” and “Drug addiction”

Recommended language	Stigmatizing Language	Rational
<ol style="list-style-type: none"> <li>1. Substance use disorder</li> <li>2. Use or Misuse</li> <li>3. Harmful, hazardous, risky or problematic use</li> </ol>	<p>Abuse, drug problem, habit/drug habit</p>	<p>Neutral, non-judgmental language</p>
<p>Person with a substance use disorder</p>	<p>Abuser, Addict, User, Druggie, Junkie</p>	<p>Neutral non-judgmental language</p>
<p>Testing negative for substance use ("Your urine is free from X substance")</p>	<p>Clean</p>	<p>Dirty/Clean invokes punitive bias and shame</p>
<p>Testing positive for a substance ("Your urine test shows X substance today")</p>	<p>Dirty</p>	<p>Dirty/Clean invokes punitive bias and shame</p>
<p>Non-adherent</p>	<p>Non-compliant</p>	<p>Non-judgmental</p>
<p>Resumed use or experienced a recurrence or return to use</p>	<p>Relapse, slip</p>	<p>A disease/symptom-based explanation</p>
<p>Well, healthy, in recovery</p>	<p>Sober</p>	<p>Non-judgmental</p>

## Addressing Intrapersonal (Self) Stigma

- Motivational Interviewing
- Autonomy Reinforcement



*“Harm reduction is an approach that promotes health in a way that meets people where they are, accepting that not everyone is ready or capable of stopping their substance use at a given time.”*

# Motivation and Autonomy in Treatment

- Motivational Interviewing
  - Focus on the client’s motivation for change
    - External Factors: Legal systems, mandated treatment
    - Internal Factors: Health belief, Fear, Mistrust
  - There is a reason they are there.
    - **“What can we do to make our time together useful to you”**
- Respect Autonomy
  - Acknowledge. Open the Door. Respect the Response
    - Positive wordings
      - I’m trusting you’ll let me know if you need something“
      - “That’s awesome! How did it feel to do XYZ?”



# Beyond Stigma: An Evolving Drug Market

## Pressed Pills

- **DEA:**
  - 74.5 million pills seized in 2023
    - Up from 58 million in 2022
  - 7 out of 10 seized pills contained fentanyl
    - Amount of fentanyl was variable



- What does this mean?
  - No pill is safe unless directly picked up by you at a pharmacy
  - “Experimenting” with drugs is more dangerous than ever



# Kratom

- Kratom is derived from a tropical plant- *Mitragyna Speciosa*
- It is in the same family as the coffee tree (Rubiaceae)
- Traditionally in Southeast Asia it is used by day laborers for energy
- Military members in Thailand were known to drink kratom leaves and cola to make them more “bold and fearless”

## Regulation:

- In 1943 the Thai government passed the Kratom Act making planting of the tree illegal
- In 1979 the Thai government classified kratom as a narcotic in the same category as Marijuana
- Kratom is not scheduled under the Controlled Substance Act in the United States
- Is considered a “drug of concern”

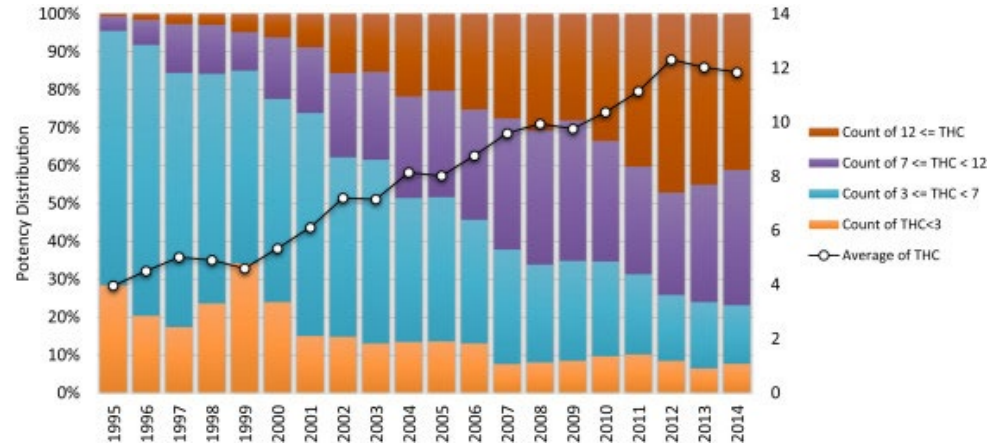
# Kratom

- Pharmacology studies show that mitragynine and 7-hydroxymitragynine have mu-receptor agonist activity
  - Small doses (1-5g): stimulatory effects like caffeine
  - Large doses (5-10g): sedative-narcotic/analgesic effects like opioids
- **Intoxication:** Effects known from cases reported to poison control- agitation, tachycardia, drowsiness, hallucinations, coma
  - Not found to be a singular cause of overdose death alone in current Medical Examiner data



# Cannabis/Marijuana

- The most commonly used psychoactive substance in the United States
- The psychoactive component is tetrahydrocannabinol (THC)
  - Potency of marijuana has been increasing in the illicit and legal markets
- **Possible Adverse Effects**
  - **Acute use:** Traffic accidents, impaired short-term memory, impaired judgment, paranoia, psychosis
  - **Chronic use:** Cyclic vomiting syndrome, lower IQ in heavy adolescent users, chronic bronchitis symptoms, increase risk of psychotic disorders (including schizophrenia)



1. Mahmoud A. El Sohly, et al. Church. A Comprehensive Review of Cannabis Potency in the United States in the Last Decade, *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*. Volume 6, Issue 6, 2021, pages 603-606.
2. Volkow N.D., Baler R.D., Compton W.M., Weiss S.R.B.: Adverse health effects of marijuana use. *N Engl J Med* 2014; 370: pp. 2219-2227

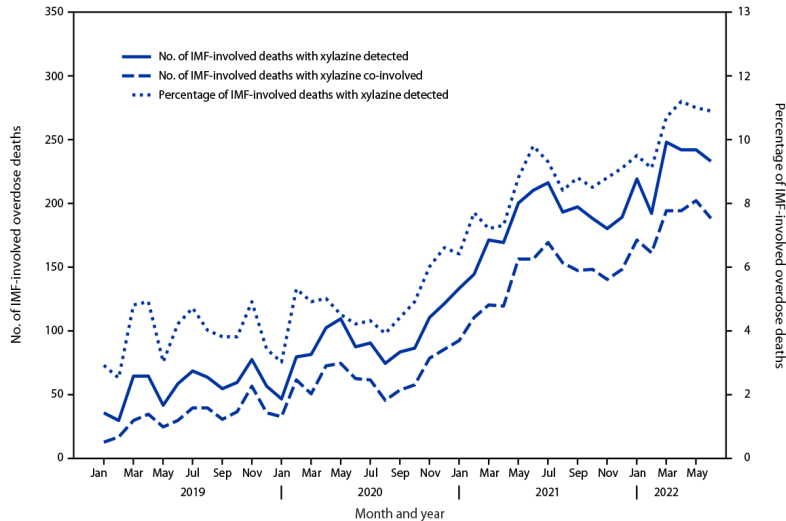
# Unintended Consequences of Legalization



- JAMA (Journal of American Medical Association) reported a 5-fold increase in children treated for cannabis exposure from 2009 to 2015 in Colorado -the year after recreational marijuana was legalized
- In 2017 California outlawed sale of THC gummy bears
- The FTC has sent cease and desist letters to THC edible companies in several states that have made THC infused snacks in packing nearly identical to non-infused counterparts
- Recent publication citing risk of low birth weight in pregnant people using cannabis while pregnant

# Xylazine: “Tranq-Dope” “Anestesia de Caballo”

FIGURE 1. Number and percentage of drug overdose deaths involving\* illicitly manufactured fentanyl<sup>1</sup>, by month and xylazine detection or co-involvement — State Unintentional Drug Overdose Reporting System, 21 jurisdictions,<sup>2</sup> January 2019–June 2022



- **Xylazine is a veterinarian grade horse tranquilizer**
  - Human trials discontinued in the 1960’s due to profound sedation, cardiac arrests (alpha-2 agonist)
  - Pharmaceutical grade is widely available from veterinarians
  - Not an FDA controlled substance
- **Between 2019 and 2022 co-detection increased 276% in CDC data**
  - Philadelphia
- **Function: prolongs the “high” people feel from fentanyl**
  - “Feels more like old school heroin”

# Xylazine

- **Side effects:**

- Extremely caustic resulting in wounds where it has been injected
- It can also cause small vessel damage the leads to limb damage- losing fingers/toes
- Studies show prevents healing and regrowth of the skin at the injection site

- **So far** has not been attributed to any deaths on its own, but has been reported to be present in deaths resulting from fentanyl overdose cases

- **Interventions:**

- Prevention
  - Cleaning the needle prior to injection and during withdrawal from the skin
  - Limit “picking behaviors” – spreads from site to site
- Extensive wound care
- **Community awareness, SSPs, drug testing**



N Engl J Med 2023; 388:2209-2212  
DOI: 10.1056/NEJMp2303120



Keren Carrión/NPR



• Editorial: Xylazine test strips can help stem the horror of 'tranq' | Pittsburgh Post-Gazette

# Medetomidine



Case Reports > J Forensic Sci. 2023 Sep;68(5):1708-1712. doi: 10.1111/1556-4029.15242.  
Epub 2023 Mar 26.

## Identification of the veterinary sedative medetomidine in combination with opioids and xylazine in Maryland

Edward Sisco<sup>1</sup>, Meghan Appley<sup>1</sup>

Affiliations + expand

PMID: 36966471 PMCID: PMC10520217 (available on 2024-09-01) DOI: 10.1111/1556-4029.15242

Kaupilla T, Kempainen P, Tanila H, Pertovaara A. Effect of systemic medetomidine, an alpha 2 adrenoceptor agonist, on experimental pain in humans. Anesthesiology. 1991 Jan;74(1):3-8. doi: 10.1097/0000542-199101000-00002. PMID: 1670912.



- **Detection in seized drug samples as early as July 2022**
- **“Safer” than Xylazine?**
  - Alpha-2 Agonist – extreme affinity
  - Higher potency with lower dosing than Xylazine
  - Similar effects, less side effects than Xylazine
- **Some Nociceptive (Pain) functions as well**
  - At least in small animals...
  - Limited human studies (1989, 1991) – analgesia couldn't be achieved without compromising blood pressure
- **Function: prolongs the euphoric “high” people feel from opioids**

## Tianeptine – “ZaZa”

- Tricyclic Antidepressant (Not approved in the U.S.)
- Therapeutic Use:
  - Increased serotonin and norepinephrine in the brain
- **Sold in gas stations as “a dietary supplement”**
- Intoxication
  - Opioid-like effects (at high doses)
    - Sedation, resp. depression
    - Narcan?
  - Psychosis, Cardiac events
- Withdrawal
  - Severe (Rebound) anxiety, hallucinations
  - Flu-like symptoms (opioid activity)

## The Rise of ‘Gas Station Heroin’

The supplement tianeptine, sold under brands like Zaza and Tianaa Red, is causing excruciating withdrawals, leaving people broke and even suicidal.

### Street Names for Tianeptine



# PHENIBUT

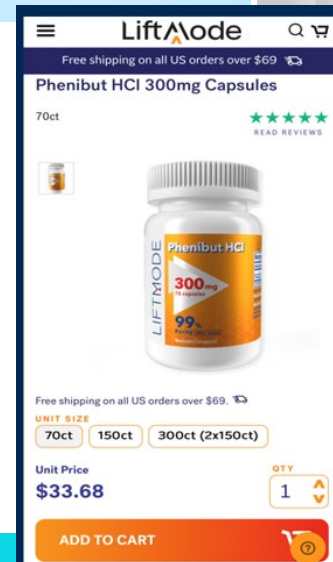
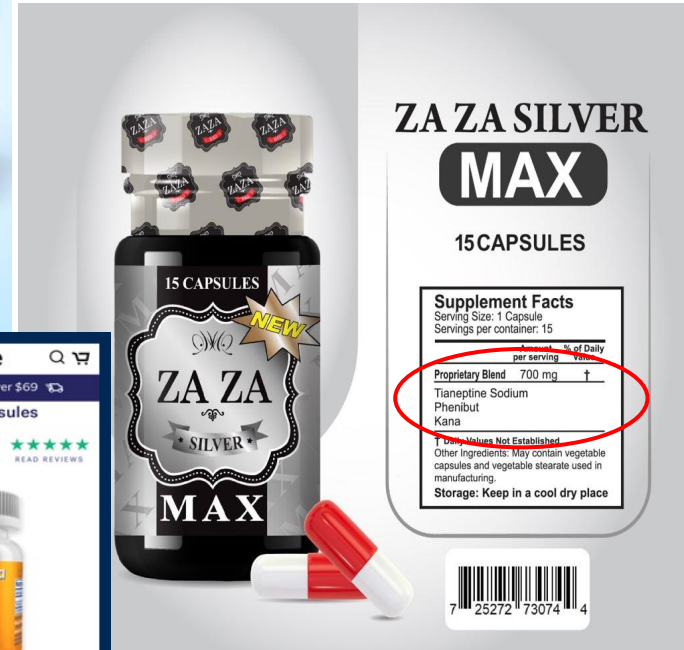
Your Ultimate Guide  
To Unlocking Your Social Side  
& More With This Powerful Pill



GET AHEAD

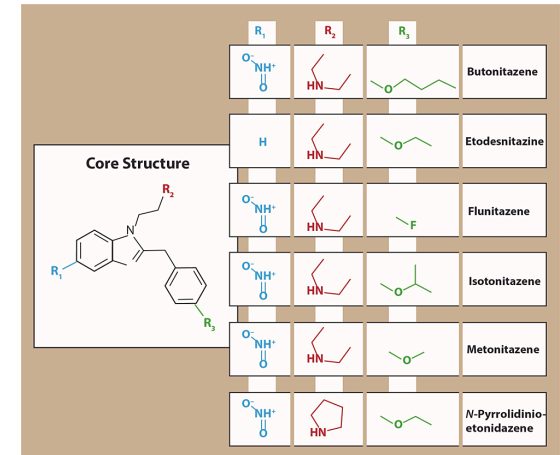
## Phenibut – “fenibut” “anvifen”

- Originally synthesized in 1960’s in Russia
- GABAergic substance – anti-anxiety similar to benzodiazepines (Xanax, Valium)
- No approved medical use, not approved by the FDA
  - However, it is legal to **POSSESS** and **SELL** Phenibut within the U.S.
  - Sold as a “nootropic” supplement
- Due to non-clinical use, much of our knowledge/evidence is anecdotal
- Intoxication
  - Euphoric: dissociation
  - Physical: Sedation, respiratory depression
- Withdrawal
  - Hyperactivity – overstimulation, hypervigilance
  - Risk for seizures
  - Rebound anxiety – overwhelming panic attacks



# Benzimidazole-Opioids- Isotonitazenes “ISO” “Nitazene”

- Chemically similar to Opioids, similar effects
- Originally synthesized in 1950’s – never made it out of academic research...
- Emerging nationally since 2019 due to drug market shift during COVID pandemic
- No approved medical use for the entire class
  - Case reports growing in overdose events
  - 94 cases in toxicology reports within the DEA (2022)
    - Likely far more, not “looking” for it
    - Increasing amounts in drug seizures by the DEA
- Intoxication/Withdrawal – ???
  - Limited/no data on pure use – always found in mixed opioid products



# How to Keep Up on Emerging Substances

- **DrugsData.org**
  - Data from drug checking programs
  - What drugs are being sold as - and what they testing positive for in drug checking programs
- **NFLIS (National Forensic Laboratory Information System)**
  - Is the collector of local, State, & Federal forensic laboratories
  - Releases data alerts about novel substance trends, as well as annual reports
- **NDEWS**
  - National Drug Early Warning System
  - Hot spot data based on seizures and poison control reports
- **CFSRE (Center for Forensic Science Research & Education)**
  - Drug checking reports and analysis
- **Toxic (Toxicology Investigatory Consortium)**
  - Fentanyl dashboard
  - Sentinel event detection
- **Bluelight.org**
  - User forum, people talking about what substances they are using/buying
  - Reddit for substance use
- **CDC Overdose Dashboard**

## In Summary



# What can you do to combat stigma?



## Engage with your local and national representatives



## Educate yourself

Addiction as a disease

Ask questions

Seek out education from multiple sources



## Be the bridge

Support inclusive practices and language

Call out bias where you see it: policies, practices, processes

Challenge colleagues and yourself to address unconscious bias



## Engage with the community effectively

Seeking out opinions from the community

Listen to the responses; even when they are uncomfortable





**Corewell Health<sup>TM</sup>**