NCADD
NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC.

Five Ways You Can Reduce Stigma

Written by Geoff Kane, MD, MPH Thursday, 30 May 2013 00:00

Too often society is unfair to people with addiction—a fact that disturbs most people with active addiction, most people who are recovering from addiction, and most people who advocate for those groups. Fortunately we can do something about it. Don't be daunted—small steps can have a powerful impact.

Social stigma exists within culture. Culture may be understood as the collective knowledge, beliefs, and behaviors of a group of people that is often stable across generations. Stigma occurs when a characteristic of a person or subgroup is perceived as different from others, is labeled, and the label becomes associated with a negative stereotype.

Not only is the culture that surrounds a person important, but also the culture he or she has internalized. For example, the labels "alcoholic" and "addict" may evoke prejudice and distancing in the general population, but acceptance and warmth in the population committed to Twelve-Step recovery. Individuals who find themselves dependent on alcohol or illicit drugs, if they carry the same culture as the general population, may attempt to hide their addiction and avoid seeking help because they are afraid of becoming labeled and of the consequences that may follow. The consequences of those labels can indeed be formidable and may include separation from social supports and demoralization of the stigmatized individual, along with discrimination in important life areas such as employment, housing, justice, and access to healthcare. (See abstract on Conceptualizing Stigma by Link and Phelan.)

Sociologist Erving Goffmann famously characterized stigma as "spoiled identity," which sounds much like our understanding of shame, a dominant emotion in sense of self. If we were to posit a neurobiology of stigma, it would be much like that proposed for shame (interpersonal neurobiology of shame). This is hopeful, because it views the adverse effects on the individual of both stigma and shame to be due to unhealthy interpersonal relationships—and as amenable to relief through healthy interpersonal relationships.

Stigma recedes as people focus more on what they have in common and focus less on their

differences. It doesn't matter whether incremental positive changes take place in society or in the individual; everything interacts. As people become more real and human to one another, stereotypes become irrelevant. Here are some options.

1. Get Help. If you are actively addicted, stop feeding society's negative stereotype and get sober. Seek detoxification if needed, and then take responsibility for the details of recovery management (relapse prevention) and the use of recovery supports. Don't defend past addictive behaviors; accept them for what they are. Feel and express remorse. Over time, make amends. (Okay, maybe these are bigger than small steps.) If you are not actively addicted, you may still have work to do. If, for example, you feel diminished and "less than," deepen your commitment to a way of growth, such as psychotherapy, Twelve-Step recovery in Alcoholics Anonymous or a related program, or a spiritual practice (perhaps self compassion, which is drawn from Buddhism). All can help you feel and act less different from others.

2. Reach out. You have a right to privacy, but you are also free to share your story, which allows others to become more comfortable with their own story and helps them feel less different—more comfortable with their own humanity. Last year, when Active Minds, Inc. organized a National Day Without Stigma to promote community support for individuals with mental health disorders, they used a powerful headline: *"Stigma is shame. Shame causes silence. Silence hurts us all."* Young people told singer and actress Demi Lovato that public disclosure of her mental health and substance abuse problems helped them face their own.

3. Network. There is strength in numbers, and you may multiply your impact if you add your perspective and energy to an established advocacy organization such as NCADD.

4. Be normal. If it is important to your comfort or safety, for instance, to have wine glasses removed from a restaurant table and to find out whether a dish has been prepared with alcohol, remind yourself you are really no different from the person who is allergic to nuts and insists that a nut bowl be removed and questions the server about the ingredients of an entrée or dessert. In both situations it is embarrassment and reticence that are out of place.

5. Be heard. How fair or unfair society will be in the future to people with addiction will be determined in part by the outcome of multiple public policy issues, including health care reform. If you hold a stake and a point of view, legislators and other policymakers deserve to know

what they are.

To think about: Can changes in terminology (labels) reduce stigma? Or will simply changing terms have little or no effect on the discredited social status assigned by society at large? Can stigma have positive effects? As smoking became more stigmatized, smoking rates dropped.

The NCADD Addiction Medicine Update provides NCADD Affiliates and the public with authoritative information and commentary on specific medical and scientific topics pertaining to addiction and recovery.