

What Do I Say? Stigma Awareness Talking Points for Community Awareness-Building Events

As prevention practitioners addressing opioid misuse prevention, we are in a unique position to reduce the stigma surrounding substance use disorder. One way we can address stigma at the community-level is to correct misconceptions during community-awareness building events. Community-awareness building events are one platform to address misperceptions at a high-level with talking points grounded in literature, while gaining support for your advocated prevention efforts.

UNDERSTANDING THE IMPACT OF STIGMA

Two main factors affect the burden of stigma placed on a particular disease or disorder: perceived control that a person has over the condition and perceived fault in acquiring the condition. When we believe a person has acquired their illness through no fault of their own, and/or that they have little control over it, we typically attach no stigma to either the person or the illness. By contrast, many people mistakenly believe mental health conditions, including substance misuse disorders, are both within a person's control and partially their fault. For these reasons, they frequently attach more stigmas to them.¹ The potential for stigma is greater still when someone is using an illegal substance, which carries the additional perception of criminality.

For people with a substance use disorders, stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders, or who are at risk of substance use disorders, from getting the help they need. It can also prevent caregivers and others in the position to help from providing needed services, including medical care.

TALKING POINTS TO ADDRESS COMMUNITY STIGMA

Often stigma is present because of misperceptions around opioid use disorder in the community. Until that information is accurately represented, then stigma is most likely to continue.

One way to combat misperceptions on substance misuse and substance use disorder is to prepare some talking points grounded in literature for points that are likely to arise during a community awareness-building event. Some of the questions that may come up during a community-awareness building event may include:

“Doesn't providing naloxone just enable drug users to keep using?”

Having naloxone accessible has been evaluated as an effective strategy for keeping people alive. According to Dr. Alexander Walley, a prominent overdose prevention researcher, access to naloxone use to reverse fatal overdoses is similar to the functions which seatbelts prevent deaths from car crashes. There was initial backlash to institute mandatory seatbelt-wearing laws, as the opposition believed car crash fatalities could increase as more drivers would feel inclined to

drive recklessly. As Dr. Walley points out though, the implementation of those laws resulted in dramatic decreases in car crash fatalities. The same point can be applied here with naloxone, that above all naloxone preserves lives. Between 1996 to 2014, naloxone reversed at least 26,463 opioid overdoses.^{II} Evaluations have also found naloxone programs achieving other changes that may result in future successful reversals, such as significant numbers of individuals completing training on recognizing an overdose and administering naloxone.^{III, IV}

To hear more from Dr. Walley, please check out his full video from [CAPT Prevention Conversations](#).

Naloxone is an antidote to someone experiencing an overdose in real time. According to harm reduction strategies for addressing opioid overdose, providing access to naloxone is key to saving lives.^{V, VI} Naloxone is an opioid antagonist—medication that block the body's opioid receptors to prevent interactions with opioid drugs. This blockage can halt an overdose before its potentially fatal symptoms, such as respiratory depression, take full effect.^{VII} When someone is experiencing an overdose, this antidote is the only way to prevent fatal symptoms.

“Aren't you treating a drug with a drug?”

For more resources on naloxone, please check out [CAPT Resources to Prevent the Non-Medical Use of Prescription Drugs, Opioid Misuse, and Opioid Overdose](#).

“Didn’t drug addicts cause this problem in the first place?”

Evidence indicates that the main drivers of opioid use disorder include living with chronic pain and access to opioids via prescription. Evidence has indicated that there are a number of drivers to the problem of opioid misuse and overdose. For example, it may be that people start by using opioids as prescribed, develop dependence, have a difficult time tapering off and, ultimately, find a way to access and use against original doctor’s orders.^{VIII} People are

prescribed opioids to treat both acute and chronic pain, which chronic pain is also a known risk factor.^{IX}

For more information on who is at risk for opioid misuse, please check out [Preventing Prescription Drug Misuse: Understanding Who Is at Risk](#).

With the sharp increase in overdose deaths, we need to leverage any resources and partnerships to save lives. Drug overdoses are currently the leading cause of death in the United States, with both prescription and illicit opioids majorly driving those overdoses.^X Saving lives requires both personnel and non-personnel resources, which can be stretched thin based upon the problem’s impact. There are several partners in the community who have been implementing harm reduction strategies to address opioid misuse and overdose. Leveraging partnerships with those who have experience addressing overdoses are key to addressing this problem, and can help prevent resource fatigue.

“Drug addicts are sucking all of our resources.”

For more information on collaborating with the right partners, check out Grantee stories and tools on the [CAPT Prevention Collaboration in Action Toolkit](#).

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^V AHFS Patient Medication Information. (2016). Naloxone Injection. U.S. National Library of Medicine MedlinePlus. Retrieved from <https://medlineplus.gov/druginfo/meds/a612022.html>

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