



Beyond Judgment: Shifting Perspectives on Drug Use and Treatment

Introduction

Stigma surrounding drug use is a major barrier to health, safety, and well-being. It fuels discrimination, limits access to care, and creates harmful policies that further marginalize people who use drugs. In this presentation, we will examine the damaging effects of stigma in healthcare, including how judgment and bias impact treatment options and health outcomes. We will also address the stigma surrounding medications for opioid use disorder (MOUD), which remain underutilized due to misinformation and prejudice. Lastly, we will explore the importance of harm reduction and multiple pathways to support, emphasizing the need for a compassionate, evidence-based approach.

Learning Objectives

1

Recognize the Impact of Stigma on People Who Use Drugs – Understand how stigma in healthcare, policy, and society creates barriers to treatment, safety, and well-being for individuals who use drugs.

2

Address Misconceptions About Medications for Opioid Use Disorder (MOUD) – Examine the stigma surrounding MOUD and learn how these evidence-based treatments support health and reduce overdose deaths.

3

Promote Stigma-Free Approaches to Drug Use – Explore harm reduction strategies and multiple pathways to support that prioritize dignity, respect, and public health over punishment and discrimination

Language Check

PRS	Problematic Relationship with Substances
PWUD	Person who uses drugs
PWID	Person who injects drugs
OUD	Opiate Use Disorder

SSP	Syringe Service Program
PLWH	Person living with HIV
MOUD (MAT)	Medication for opioid use disorder
SUD	Substance Use Disorder

~~Prostitute~~
~~Homeless~~

Sex Worker
Unhoused

Stigma:

is a set of negative beliefs, stereotypes, and attitudes that society assigns to a particular group leading to discrimination, exclusion, and shame. It creates social, structural, and internalized barriers that negatively impact individuals' well-being, access to resources, and quality of life.

Criminalization:

is the process of making certain behaviors or actions illegal through laws and policies, often leading to penalties such as fines, incarceration, or other legal consequences.

The Impacts of Stigma:



Societal stigma shapes our world views.

Those biases impact how we respond to others.

Providers take those biases to work, compromising the services they provide.

The impact is decreased medical adherence, lack of transparency of symptoms, refusal to seek medical care due to trauma, and increased negative health outcomes.



Eventually, individuals fall completely out of care

Increased risks of HIV, STIs, skin and tissue infections, and wounds.

Lack of medical intervention, rooted in stigma, increases death rates among folks injecting drugs.

How do I, as a provider, combat my own biases and destigmatize drug use, sex work, and homelessness?

Stigmatizing Beliefs about Drug Use:

"Clean" vs. "Dirty" Language

- Saying someone is “clean” when not using implies they are “dirty” when they are.
- Reinforces shame and judgment rather than promoting health and dignity.

"One-Size-Fits-All" Recovery Thinking

- The idea that abstinence is the only valid path to recovery.
- Stigmatizes harm reduction strategies, medications for opioid use disorder (MOUD), and alternative recovery models.

Stigmatizing Beliefs about Drug Use:

Viewing Drug Use as Incompatible with Being a "Good" Person

- Implies that people who use drugs can't be parents, employees, students, or community members.
- Reinforces exclusion and denies the complexity and humanity of individuals who use drugs.

Fear-Based Narratives in Media and Policy

- Stories that depict people who use drugs as dangerous, irresponsible, or criminal.
- These narratives drive public fear and support for punitive policies rather than compassionate care.

The Truth about “Doctor Shopping”: seeing multiple doctors to obtain prescriptions for misuse

1

It is rare and declining. Studies show that doctor shopping makes up a small percentage of prescription opioid misuse. Increased prescription monitoring programs (PMPs) have significantly reduced this practice in recent years.

2

Many people who use drugs avoid healthcare altogether. Stigma, fear of judgment, and negative past experiences often prevent people from seeking medical care—even when they desperately need it.

3

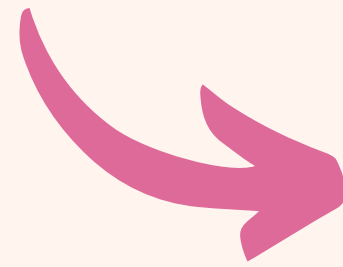
Doctor shopping is often linked to untreated pain and lack of access to care. Some people seek multiple doctors not for misuse but because their pain is undertreated.

4

The widespread belief that drug users manipulate the system has led to strict prescribing laws, criminalization, and stigma in healthcare—making it harder for people with legitimate medical needs to get care.

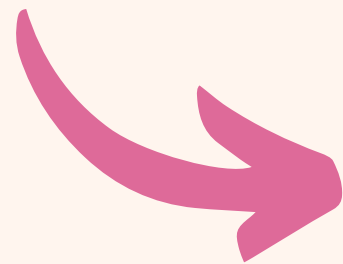
Drug Users and Healthcare: Myth v. Fact

People who use drugs don't want help.



Many people who use drugs do seek help but face barriers like stigma, lack of access to care, and criminalization. Stigma in healthcare can discourage people from seeking treatment out of fear of judgment or mistreatment.

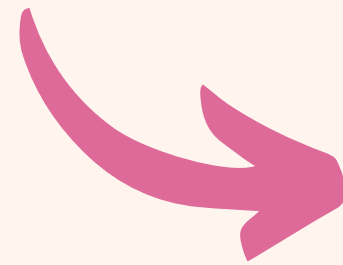
Harm reduction enables drug use.



Harm reduction strategies, such as syringe exchange programs and supervised consumption sites, do not encourage drug use. Instead, they reduce overdose deaths, prevent disease transmission, and connect individuals to treatment and support.

Drug Users and Healthcare: Myth v. Fact

People who use drugs are violent or dangerous.



The vast majority of people who use drugs are not violent. However, criminalization, poverty, and untreated mental health conditions can create circumstances that lead to harm.

Harm reduction is a waste of tax payer dollars!



Mobile clinics treating IDU injuries saved Florida \$380 million in medicaid cost in 2023. Mobile SSPs offer prevention supplies to reduce HIV acquisition. i.e treating HIV for a lifetime cost, on average, 400k. A sterile syringe cost 9 cents.

Medication for Opioid Use Disorder:

Refers to the use of FDA-approved medications to treat opioid use disorder (OUD). These medications help reduce cravings, withdrawal symptoms, and the risk of overdose, supporting individuals in managing their drug use and improving their quality of life.

Examples:



- **Methadone** – A full opioid agonist that reduces cravings and withdrawal symptoms without producing a strong high when taken as prescribed. It is dispensed through specialized clinics.
- **Buprenorphine** (Suboxone, Subutex, Sublocade, etc.) – A partial opioid agonist that helps relieve withdrawal and cravings while having a lower risk of misuse and overdose. It can often be prescribed by healthcare providers, increasing accessibility.
- **Naltrexone** (Vivitrol) – An opioid antagonist that blocks the effects of opioids and prevents relapse. It is typically used after detox since it does not help with withdrawal symptoms.

Benefits of MOUD:

- Treatment using agonist medication is associated with an estimated mortality reduction of approximately 50 percent among people with OUD.
- Reduces IV drug use, therefore, reducing HIV and HCV transmission.
- Reduces the use of other opiates.
- Linked to better outcomes for parent and baby when used to treat OUD during pregnancy.
- Reduces mortality rates of people who return to use during treatment.

Harm Reduction:

Harm reduction is a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower people who use drugs (are at increased risk of acquiring HIV). - SAMHSA

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence.
- Harm Reduction Coalition

Principles of Harm Reduction

1

Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them

2

Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

3

Establishes quality of individual and community life and well-being – not necessarily cessation of all drug use – as the criteria for successful interventions and policies

4

Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm

5

Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them

7

Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use

6

Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

Principles of Harm Reduction

8

Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

Harm Reduction Services

Peer Support and Outreach: Involves people with lived experience providing support, education, and connection to resources. Builds trust and improves engagement in services.

Wound Care: On-site care for injection-related wounds and infections. Can include vaccinations, STI screening, and basic health services.

Drug Checking Services: Allow people to test their drugs for dangerous contaminants like fentanyl. Reduce accidental overdoses and increase awareness of drug potency.

Housing and Case Management: Connects individuals to stable housing, mental health care, and social services. Addresses the social determinants of health that impact drug use and recovery.

Wound Care



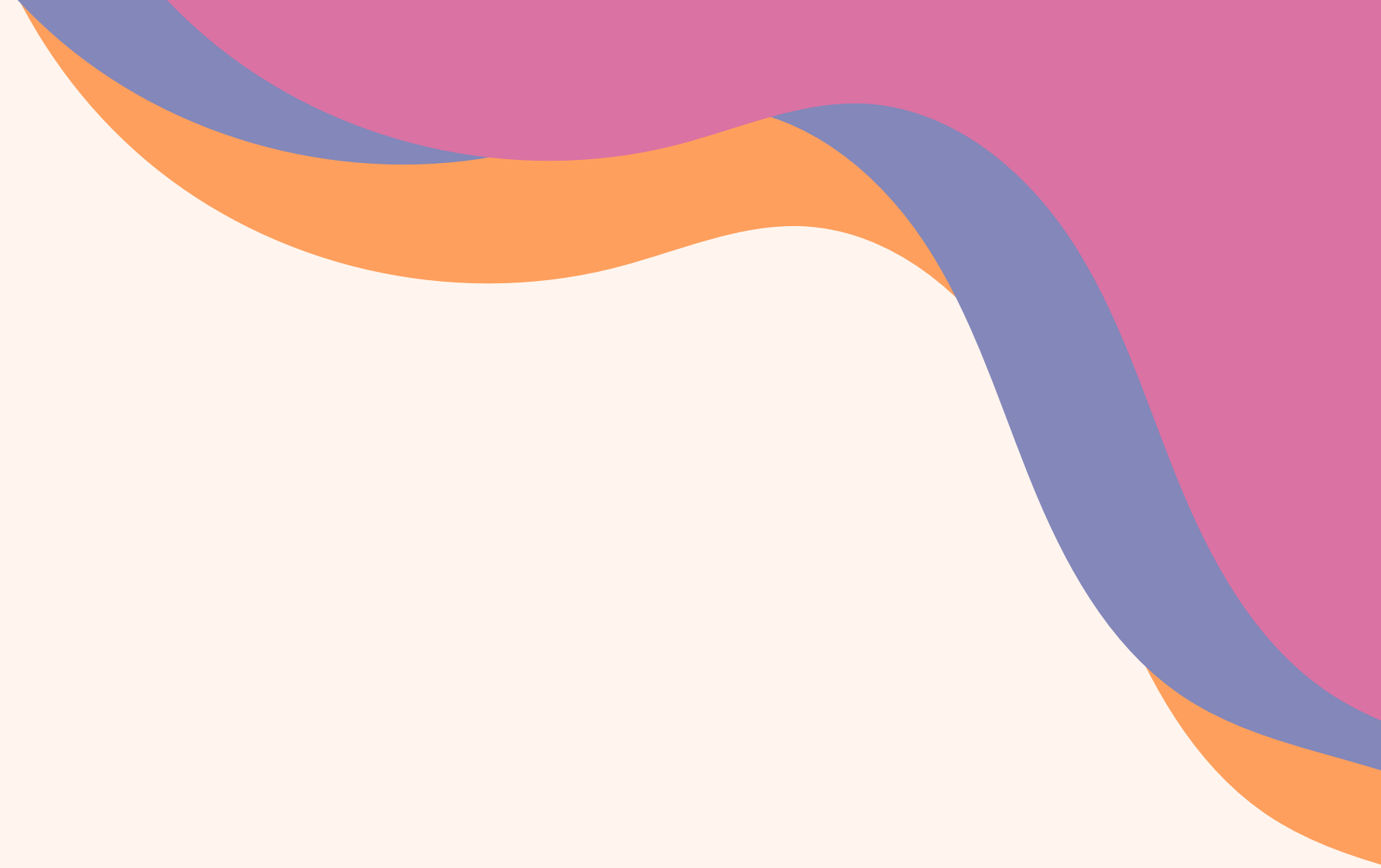
Xylazine is a drug intended for use in animals as a sedative. It is not safe for humans and can cause serious skin infections and other life-threatening reactions, like slowing or stopping breathing.



Positive Impacts of SSPs:

- Reduces syringe litter and accidental needle pokes by first responders.
- Increases access to Naloxone, reducing overall overdose deaths.
- 50% reduction in HIV among PWID.
- Over 60% of new HCV cases are PWID. SSPs offer sterile equipment to reduce viral disease transmission.
- When combined with MOUD, SSPs reduce risk of HIV and HCV by 66% in PWID.

Q & A



Citations:

NIDA. 2022, June 7. Stigma and Discrimination. Retrieved from <https://nida.nih.gov/research-topics/stigma-discrimination> on 2025, March 30

<https://harmreduction.org/about-us/principles-of-harm-reduction/>

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