

# Stigma When Serving Clients with Substance Use



## “Harm Reduction, Stigma and Pregnant People who Use Drugs”

\*The information in this IMPACT WV product was taken from a Community of Practice presentation by Matthew Stefanko from Shatterproof and Tanagra Melgarejo and Kacey Byczek from the Harm Reduction Coalition.

**Shatterproof** - [shatterproof.org](https://shatterproof.org)

**Harm Reduction Coalition** – [harmreduction.org](https://harmreduction.org)

### Stigma

- Stigma is a social process which can reinforce relations of power and control
- Leads to status loss and discrimination
- Levels:  
Stigma from individuals → self-stigma (internalized) → stigma through association → institutional stigma
- Why did we start paying attention to stigma?
  - A few key drivers of the epidemic
    - Shame and social isolation
    - Individuals not seeking help
    - Insufficient treatment capacity
  - Why do people use drugs?
    - Adverse Childhood Experiences (ACEs), poverty, numb feelings, cope with emotions and trauma, “escape”, family history, thrill-seeking, initial medical treatment that moves toward addiction, defiance, become a part of a certain social group
  - Why people do not just stop using drugs?
    - Fear of withdrawal, fear of change, unsure of how to stop, changes to brain (chemical addiction/dependency), enjoyment of euphoria, partner may be using (domestic violence/force)



# Stigma When Serving Clients with Substance Use



“Harm Reduction, Stigma and Pregnant People who Use Drugs”

## Stigma Continued

- Harm reduction
  - A philosophical and political movement focused on shifting power and resources to people most vulnerable
  - Incorporates a spectrum of strategies including safer drug use, managed use and abstinence
  - Meets people “where they are” but does not leave them there
  - Maintains participant autonomy
  - Centers participant needs and wants
  - Focuses on concrete steps
  - Acknowledges barriers
  - Is flexible
  - Understanding cultures and context is important
    - One size does not fit all
    - Go beyond curiosity (ask questions so that participants will be honest with you about what is working and not working in the program)
    - Consider accessibility (home visiting is a good way to do this)
    - Capture their lived experience
- Continuum of drug use
  - No use → experimental or situational → social → regular use → ritual binge → habitual/daily → chaotic/persistent
  - Helps you determine where participant is vs. where they think they are, so you can then approach their experiences better
  - Remember it is not a linear, but a fluid, continuum



# Stigma When Serving Clients with Substance Use

“Harm Reduction, Stigma and Pregnant People who Use Drugs”

## Drug use and pregnancy impact

- Benzodiazepines
  - Potential increased risk of cleft lip or palate and lower birth weight
  - Newborns have shown withdrawal signs after birth
  - Could increase severity of Neonatal Abstinence Syndrome (NAS)
  - Babies exposed can show signs of sedation
  - Harm reduction techniques include not quitting cold turkey
- Cannabis
  - Some evidence of higher rates of preterm birth than nonusers
  - No evidence of link to stillbirth, preterm labor significantly low birth weight, birth defects, cancer or feeding problems
  - Roughly 1% passes into human milk
- Cocaine/Crack
  - Evidence of decreased blood flow to placenta and link to premature rupture of membranes (PPROM)
  - Some evidence of link to placental abruption
  - No evidence of withdrawal after prenatal exposure
- Opioids
  - Not associated with any birth defects
  - May change gestational parent's tolerance
  - Newborns have shown withdrawal signs after birth
  - Breastmilk is safe to consume if utilizing Medication for Opioid Use Disorder (MOUD)





# Stigma When Serving Clients with Substance Use



“Harm Reduction, Stigma and Pregnant People who Use Drugs”

## ACRONYMS

- People who inject drugs (**PWID**)
- People who use drugs (**PWUD**)
- People living with HIV/AIDS (**PLWHA**)
- Sexually transmitted infection (**STI**)
- Syringe access services (**SAS**)
- Syringe services program (**SSP**)
- Needle exchange (**NEX**)

## Poll:

**100%** of those responding to the poll felt stigma prevents moms of babies born with NAS from seeking treatment and language choice could prevent stigma.

This Appalachian Rural Health Integration Model (AHRIM) Program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$600,000 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. All printed materials are available in alternate formats upon request. WVU is an EEO/Affirmative Action Employer – Minority/Female/Disability/Veteran.

