



### **The Stigma of Substance Abuse**

Thousands of Americans die from drug and alcohol abuse every year. This tragic loss of life is made even sadder because most of these deaths could have been prevented. There are effective medications for opioid addiction and alcoholism available, along with treatment programs for all drugs of abuse, but too often people do not seek them out. Why is this?

One reason people who suffer from Substance Use Disorder (SUD) don't seek treatment is because of the stigma surrounding drug and alcohol use.

Stigma is what separates the disease of addiction from other diseases. People who suffer from diabetes or cancer would not feel self-conscious or embarrassed about seeing a doctor, but "addicts and alcoholics" often refuse to get help because of the fear of even acknowledging the problem.

### **Reducing the Stigma of Addiction**

The word stigma is defined as "a mark of disgrace associated with a particular circumstance, quality, or person." Often, the stigma of addiction comes from negative behaviors carried out by the addict or alcoholic. People in addiction tend to suffer disproportionately from guilt and shame, and these behaviors cause embarrassment and create stigmatized attitudes and perceptions about addiction among the public and in the workplace.

People who do break through the barriers and get the help they need should not have to feel stigmatized when they reintegrate into society and return to work.

The transition from substance abuse treatment to back to work can be profoundly stressful. Because of the prejudices that many people hold, a return to work can be psychologically complex and anxiety-producing. For many, the return to work is just too much to bear. But people in recovery are taught to take things one day at a time and to deal with difficult situations by putting one foot in front of the other and just showing up. Treatment professionals

tell people in recovery to "bring your body and your mind will follow." This might sound like no more than a platitude, but there is great wisdom in the advice.

To reduce the stigma of addiction and help those in recovery return to work, we all must stop viewing the disease as a moral issue or a criminal matter and begin understanding it as a *health problem*. Addiction is a disease just like cancer is a disease and diabetes is a disease and dementia is a disease. And in the same way that people recover from these diseases, it is possible to recover from drug and alcohol addiction.

We must come to understand that addiction affects people who are just as moral, productive, intelligent, talented—and humanly flawed—as the next person.

Employers and employees need to work together to create workplaces with pro-recovery messages, policies, and programs in which asking for help and entering into recovery is not difficult for those who are struggling. Drug free workplace programs should be designed in such a way as to identify those with addiction issues and provide them with the help they otherwise might not have been able to access.

### **Stigma and Suicide**

Substance abuse is the number two risk factor for suicide (depression is number one), and in the same way that stigma impacts addiction, it also affects suicide survivors. They go through a complicated process of guilt, shame, and denial that is much like the emotions experienced by addicts.

Addiction/stigma and suicide/stigma are related in a two-way direction, meaning that suicide and addiction can cause stigma, but stigma can lead to addiction relapse and suicidal thoughts as well.

Stigmatization, regardless of the source, can cause social isolation, demoralization, the loss of hope, and other consequences that interfere with life functions. Stigma is a barrier to treatment seeking for those who need help the most, and all efforts to

reduce stigma must be undertaken. In both clinical settings and the workplace, programs that reduce stigma, stigma-stress, and shame can successfully reduce addiction, suicidality, and relapse.

***The following information is provided by the Georgia Department of Behavioral Health & Developmental Disabilities.***

Suicide is a rare but devastating event. Suicide attempts are a little more common, and struggling with thoughts of suicide is an even more common experience. We want to do everything we can to prevent suicide among our family members, our friends, our neighbors, and our coworkers.

Even though we know more and more about suicide risk factors, it can be hard at times to predict who will make an attempt to end their life. One of the most important things you can do is recognize these Warning Signs of Suicide:

- Talking or writing about wanting to die or to kill oneself.
- Looking for a way to kill oneself, such as searching online or obtaining a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.

- Displaying extreme mood swings.
- Giving away prized possessions.

These are behaviors that show that someone may be at immediate risk for suicide. The more warning signs you see, the more concerned you should be. But then what? Take action! Anyone can prevent suicide when they take action to help someone at risk.

**ASK:** Ask, openly and compassionately, "Are you thinking about suicide?" Asking the question opens up the conversation, shows you care, and lets them know you are willing to talk.

**LISTEN:** Listen instead of giving advice or trying to fix things. Giving the person a chance to talk helps relieve stress, shows them someone cares to listen, and helps them feel less alone.

**STAY:** If someone is thinking of suicide, stay with them. Help keep them safe until they can get appropriate care. If you cannot stay, help arrange to have someone else stay.

**HELP:** Work together to find the right kind of help. If there is immediate danger, call 911. In an emotional crisis or for help arranging treatment, call the Georgia Crisis and Access Line any time at 1-800-715-4225.

To learn more about suicide prevention, visit the DBHDD website at: <https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at: [rachael.holloman@dbhdd.ga.gov](mailto:rachael.holloman@dbhdd.ga.gov).

**National Suicide Prevention Lifeline:**  
1-800-273-TALK (8255).