

Stigma and Mothers Using Opioids



What is Stigma?

Stigma refers to the “situation of [being] disqualified from full social acceptance.” (Goffman, 1969)

Stigma happens when a person holds some characteristic (for example, using opioids) that is devalued in the social context. It allows individuals to be judged and kept on the outskirts of a community. (Major & O’Brien, 2005)

Background

Parenting and pregnancy in the context of substance use is a complicated topic. It is recognized as an important concern for child welfare (Chandler et. al, 2013). Many public health officials, social workers, policy makers, and community members want to provide effective support and treatment for the child and for the parent. But when stigma, prejudice, or misinformation occur, parents who use substances can be exposed to added barriers to accessing care and support.

Why Support Mothers?

Research done on parenting and drug use is more often focused on mothers than fathers (Chandler et. al, 2013). There are a number of reasons to understand and support moms who use substances, including:

- Women receiving treatment for substance use disorder (SUD) are twice as likely to have children in their household than men in treatment (Slesnick et al., 2014).
- Opioid overdose deaths increased 471% in women in the last 15 years compared to 218% in men (Proulx & Fantasia, 2020).
- A mother’s substance misuse has a stronger association with adolescent opioid use than a father’s (Griesler et al., 2019).
- Women experience greater stigmatization than men who use substances (Recto et al., 2020).
- Women are more likely to be the functioning parent and face a disproportionate burden compared to men when parenthood overlaps with substance misuse (Jumah et al., 2017).
- There is an increasing OUD prevalence during women’s childbearing years (Klaman et al., 2019).
- A woman’s opioid use during pregnancy can result in neonatal abstinence syndrome (NAS; Klaman et al., 2019), where babies withdraw from drugs they’re exposed to in the womb before birth.

Why Are Opioid Use and NAS Stigmatized?

There are high levels of stigma toward the broader population of those who misuse substances. With the added complexity of motherhood and pregnancy, different groups of individuals stigmatize opioid use and NAS differently (Recto et al., 2020).

Public Stigma

- Stereotypes about mothers who use opioids (or other substances) as being irresponsible can seep into the community, even if substances are used as prescribed (Schiff et al., 2021).
- Policy makers and voters internalize these stereotypes and thoughts and create punitive policies that instill fear in mothers and ultimately act as barriers to seeking care (Schiff et al., 2021).
- Stigma can be manifested in limited access to services, limited governmental support in evidence-based treatments (e.g., methadone), and other types of best practice treatment access (Schiff et al., 2021).
- Neighbors, childcare workers, policy makers, family members, and the media can all participate in public stigma (Schiff et al., 2021).

Provider Stigma

Though it may seem counterintuitive, pregnant women report that using substances is a way of coping with public and provider stigma, as well as their own internalized feelings of failure and inadequacy. (Recto et al., 2020)

- Doctors, nurses, and any medical professional can also hold stigma toward women who use substances.
- Many exclusionary healthcare practices have been documented in the medical setting, such as not administering pain medication during labor and delivery (Recto et al., 2020).
- Women have reported judgmental verbal and nonverbal reactions from healthcare providers.
- Women report that stigmatizing (and medically inaccurate) language, such as “drug-addicted baby,” has been used (Schiff et al., 2021).
- These practices can leave women feeling scolded and powerless in making decisions about their child and their treatment (Howard, 2015).

Self-Stigma

- Often women internalize the stereotypes and prejudice they are facing (Recto et al., 2020).
- Self-esteem and self-efficacy lower when women start believing they are “bad mothers,” and this perception shifts behavior, with thoughts of “I shouldn’t even try” (Recto et al., 2020).
- As a result, women fear losing custody of their child, and they begin to give up on complying with treatment, sabotaging their recovery journey (Recto et al., 2020).

Why Does It Matter?

Perpetuating stigma for mothers who use opioids does not help anyone. Stigma serves as a well-documented global barrier to health-seeking behaviors and engagement in healthcare (Recto et al., 2020). It stops women from seeking early intervention, being motivated in their treatment and recovery, and finding support in their community.

Stigma also contributes to the type of treatment women are willing to participate in. For example, even methadone treatment itself is associated with negative feelings and thoughts (Kennedy-Hendricks et al., 2016). Overall, women report widespread societal stigma and judgement on the different types of medication-assisted treatment (Ostrach & Leiner, 2019).

A very common fear for these mothers is being reported to family services and, consequentially, losing custody of their infant, child, or children (O’Rourke-Suchoff et al., 2020). These are the main legal consequences mothers using opioids

are trying to avoid. For some of these mothers, the fear is so great that it acts as a barrier to seeking any help (Howard, 2015).

What Are Some Solutions?

Language and Communication

Community members, healthcare providers, and social workers should all work toward eliminating harmful language surrounding substance use and motherhood. Switching out blaming perspectives for supportive attitudes can help reduce discrimination toward women who may be struggling in their roles as mothers (Schiff et al., 2021; Kennedy-Hendricks et al., 2016).

Another valuable step is using person-centered, medically accurate terminology at all times. For example, use the phrase “a woman with an opioid use disorder” rather than “an addicted mother.” This terminology applies to both the mother and the child (Schiff et al., 2021).

Avoid broad assumptions and harmful stereotypes. Avoid assumptions about socioeconomic standing, race, habits, feelings, or any other pretense of knowing individual circumstances. We may overlook the realities of the person requiring help when jumping to conclusions. However, we can become educated in NAS trends and opioid use prevalence and understand the unique struggles that specific populations face to better focus efforts to help the larger issue (O'Rourke-Suchoff, 2020).

Social workers can work to help keep families together, medical providers can work to give the best and most respectful care, and community members can work to better understand what these women experience.

Policy

In policy initiatives, the goal is to ensure that women and mothers are not treated differently, and that best practice guidelines are followed. This might involve support for prenatal care over punitive measures that separate families rather than address safety and needs. Healthcare policies can reflect a spirit of prevention and respect, and governmental policies can focus on rehabilitation, understanding, and access to treatment, such as clinics and funding for individuals (Haycraft, 2018).

Lived Experience

Another key stigma reduction technique is to include people with lived experience on the care team. People with lived experience are “experts by experience” due to their first-hand knowledge of living with a diagnosis or health condition. Many medical professionals do not have first-hand experience and may even be mistrustful of a clinical care team member who has personal experience with substance misuse. Yet a care team member with lived experience will offer a level of acceptance, understanding, and validation to the patient that can be comforting and increase treatment participation. One type of care provider with lived experience is the peer support specialist.

For example, a mother who has previously used drugs will provide connection and inspire hope without judgement (Knaak et al., 2017).

Education and Training

The purpose of education is to dispel myths and provide factual and accurate information. Education to the public should include the causes of addiction, what maintains an addiction, and how it can be treated. Furthermore, increased education on the stages of recovery can increase the community understanding that recovery is a process, and that support is needed throughout that continuum (Recto et al., 2020).

Providing trauma-informed care training to medical professionals can build a safer environment for those seeking care. Providing care with a trauma-informed perspective supports shared decision-making, prevents re-traumatization, builds trust, and enhances rapport with patients (Knaak et al., 2017).

Many medical providers deal with burnout, distress, and compassion fatigue that can affect the way they interact with patients. Workplaces can provide support, interventions, and training that focus on workplace mental health and resiliency while also supporting compassionate care (Recto et al., 2020)

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