Even as America’s opioid epidemic has increased, the stigma surrounding substance-use disorders continues to be a major barrier to wider implementation of effective treatments that prevent overdoses and deaths.

“We must all confront the intangible and often devastating effects of stigma,” according to Patrice A. Harris, MD, the AMA’s President-elect and chair of the AMA Opioid Task Force. “The key to recovery is support and compassion. Patients in pain and patients with a substance-use disorder need comprehensive treatment, not judgment.”

The AMA Opioid Task Force offers a wealth of educational tools and practice resources to aid physicians in removing stigma surrounding opioid-use disorder and effective treatment for the condition.

Among them is a JAMA Viewpoint essay, “Confronting the Stigma of Opioid Use Disorder—and Its Treatment,” that provides insight on the harmful effects of stigma with medication-assisted treatment of opioid-use disorder.

The essay’s co-authors—Yngvild Olsen, MD, MPH, and Joshua M. Sharfstein, MD—describe four factors that contribute to stigma on opioid-use disorder and offer guidance on how they can be overcome.

The understanding of opioid-use disorder as a medical illness is still overshadowed by its misconception as a moral weakness or a willful choice. The idea that opioid-use disorder is fundamentally different from other illnesses has shaped the way in which the condition is treated. Like other diseases, opioid-use disorder can be treated with medications such as methadone and buprenorphine.

The separation of opioid-use disorder treatment has meant clinicians overlook other health issues. Commonly overlooked illnesses among patients with opioid-use disorder include substance
use, mental health and physical health conditions. Patients with complex conditions often require more treatment. Instead, clinicians too often attribute symptoms of other health maladies as symptoms of medication-assisted treatment.

**Loaded language furthers stigma associated with the condition.** Rather than using terms that can be seen as insulting or derogatory, the report recommends using clinical terminology the same way one would with a patient suffering from diabetes. Urine test results, for example, should be described as

“positive,” “expected,” “negative” or “unexpected.”

**The criminal justice system’s unwillingness to yield to medical judgment in the treatment of opioid-use disorders.** Incarcerated patients are seldom able to continue medication-assisted treatment of the condition and for those on parole, some judges continue to prohibit participation in medication-aided treatment as an acceptable condition of parole.

Just two in 10 people who seek substance-use disorder treatment have access at the time that they want it. Combating stigma, Dr. Harris said, will go a long way toward changing that.

“Unfortunately, we still have a lot of people who think that people who have substance-use disorders have character flaws, or that having an addiction is a moral failing. It is not,” Dr. Harris said. “It is a brain disorder resulting in a chronic medical condition analogous to other chronic diseases like type 2 diabetes and high blood pressure. We have to do whatever we can to reduce the stigma.”