



Social Stigmas of Addiction Treatment

The Impact of Social Stigma on Methadone Maintenance Treatment of Opioid Addiction

Abstract: Mainstreaming methadone maintenance treatment: the role of the family physician.

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The article by Latowsky & Kallen (1997) examines the impact of social stigma on the integration of methadone maintenance treatment into primary practice. Despite mounting evidence put forth in dozens of studies published in the medical literature that identifies opioid addiction as a chronic medical condition requiring treatment intervention, social perceptions related to the condition and its primary treatment, methadone maintenance, remain controversial to this day. Social stigmatization of the disorder and those that suffer from its devastating effects are rooted in the



misguided religious perceptions and medical beliefs of the late 19th and early 20th century that caused the condition to lose social credibility as a treatable medical disease. Those with opiate addictions were viewed for the most part as weak-willed individuals whose addictive behavior posed a threat to the social and economic fabric of organized society. Public perception of opioid addiction as a social evil rather than a treatable medical condition caused lawmakers to enact legislation aimed at placing strict controls on this behavior. The passage of anti-narcotics legislation in the early part of the 20th century placed a secondary stigmatizing label upon the heads of those suffering from opioid addiction. They were perceived not only as deviant, but as criminals whose behavior deserved punishment.

The development of more humane human rights laws along with the introduction of the medical model of opioid addiction as a treatable condition in the latter part of the 20th century began to change the public's views. A major milestone event that was at forefront of this change in public perception concerning opioid addiction was the introduction of methadone maintenance treatment. Pioneering research in the field of opioid addiction began to recognize that the incorporation of methadone into the treatment of addiction could do much to bring about normalization and optimization of function to those who suffer from this condition. Methadone was also seen as a drug that was associated with substantial reduction in drug-related criminal behavior among those addicted to opioids.



Despite evidence that methadone is effective and safe in the treatment of opioid addiction, social stigma and misconceptions about the medication and its effects on the human body have relegated it to low status within the field of medicine. Opioid addicted patients in maintenance programs are viewed - even by health care professionals - as methadone zombies who merely substitute one addictive drug for another. This stigmatization of methadone maintenance makes patients whose functional stability has been restored reluctant to disclose their status to family, friends, employers and even their primary care physician. Many of these patients lead a double life that is often pervaded by feelings of fear and anxiety that their secret will be exposed.

Reference:

Latowsky, Mark, & Kallen, Evelyn (1997) Mainstreaming methadone maintenance treatment: the role of family physician, Canadian Medical Association Journal, Vol. 157(4), pp. 395-398.