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# The Effect of Stigma on the Prevention, Treatment, and Recovery of Substance Use Disorders in Hispanic Latino Communities

May 29, 2025

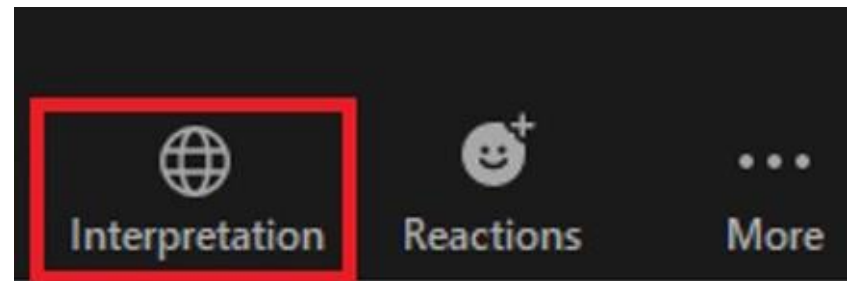


# For simultaneous translation to Spanish

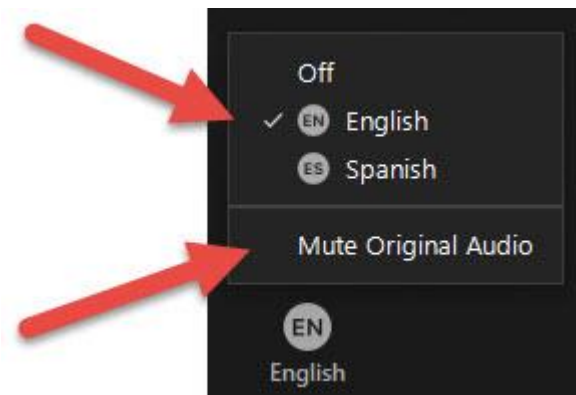
## Para traducción simultánea a Español

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Click the interpretation tab and then click Spanish



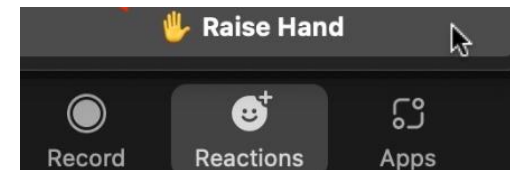
Presionar la pestaña de interpretación y luego presionar Español



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## Mission

# Hispanic/Latino Behavioral Health Center of Excellence

To advance and support the sustainability of behavioral health by promoting community-driven, culturally grounded, and person-centered prevention, treatment, multiple pathways of recovery, and recovery support for Hispanic and Latino communities.



# Disclaimer

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# Learning Objectives

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- Discuss the mental health and substance use trends in the Hispanic and Latino communities.
- Describe standard components and three levels of stigma.
- List cross-cutting practices for preventing or reducing stigma.
- List evidence-based strategies for stigma prevention or reduction.

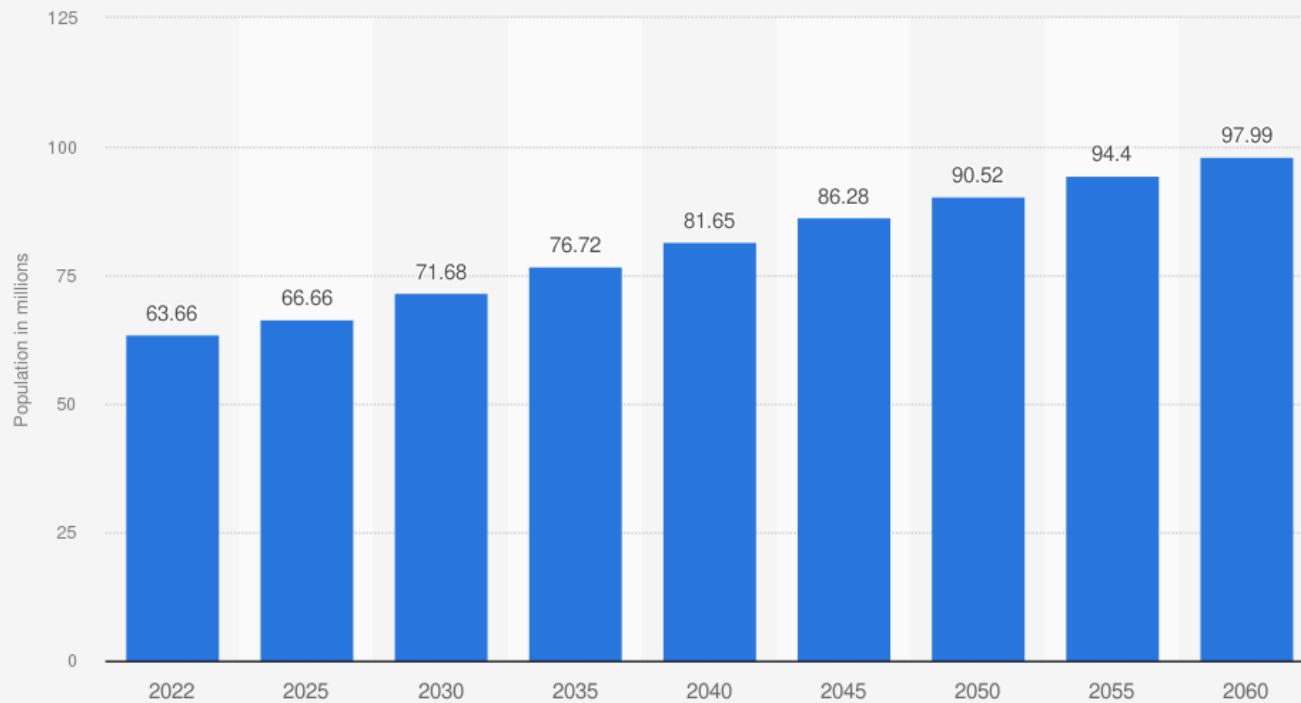


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# **Mental Health and Substance Misuse Trends in the Hispanic and Latino Communities**

## Forecast of the Hispanic population of the United States from 2022 to 2060 (in millions)



**Source**

US Census Bureau  
© Statista 2024

**Additional Information:**

United States; US Census Bureau; 2022

## Hispanic/ Latino Health Outcomes

- **Insurance Coverage:** In 2022, 16.8% of Hispanics/Latinos lacked health insurance, compared to 5.3% of non-Hispanic Whites.
- **Mental Health Access:** In 2023, Hispanic adults were 60% less likely to receive mental health treatment than non-Hispanic Whites.
- **Chronic Diseases:** Hispanic adults have a 50% higher prevalence of concurrent diabetes and peripheral artery disease than White adults.
- **Tuberculosis (TB):** In 2023, Hispanics/Latinos accounted for 36.8% of all reported TB cases in the U.S.
- **HIV Infections:** In 2022, Latinos comprised 33% of new HIV infections among gay and bisexual men, despite being 19% of the U.S. population.
- **Alzheimer's Disease:** Hispanic/Latino seniors are projected to have the largest rise in Alzheimer's cases, reaching 3.5 million by 2060.

## Hispanic/Latino Demographics & Societal Challenges in the U.S.

- **Population Growth & Influence:**

- The Hispanic/Latino population reached **over 63.7 million** in 2023, making up nearly **19% of the U.S. population**—the largest racial/ethnic minority group.  
*(U.S. Census Bureau, 2023)*

- **Youthful Demographic:**

- Latinos are the **youngest major ethnic group** in the U.S., with a median age of 30 (vs. 44 for non-Hispanic Whites).  
*(Pew Research Center, 2023)*

- **Economic Contributions:**

- Latinos contribute **\$3.2 trillion annually** to the U.S. economy, but face persistent wage gaps, earning **73 cents** for every \$1 earned by non-Hispanic Whites.  
*(Latino Donor Collaborative, 2023; U.S. BLS, 2022)*

# Hispanic/Latino Demographics & Societal Challenges in the U.S. (Cont.)

## Education:

Only **23% of Latinos aged 25+** hold a bachelor's degree or higher, compared to **41% of non-Hispanic Whites** (*National Center for Education Statistics, 2022*).

## Language & Access Barriers:

Roughly **28% of U.S. Latinos** are limited-English proficient, often impacting healthcare navigation and public service access (*Migration Policy Institute, 2022*).

## Disproportionate Health & Social Impacts:

Latinos experience higher rates of **chronic illnesses** (e.g., diabetes), **essential worker exposure**, and **housing insecurity**, especially post-COVID (*CDC, 2022*).

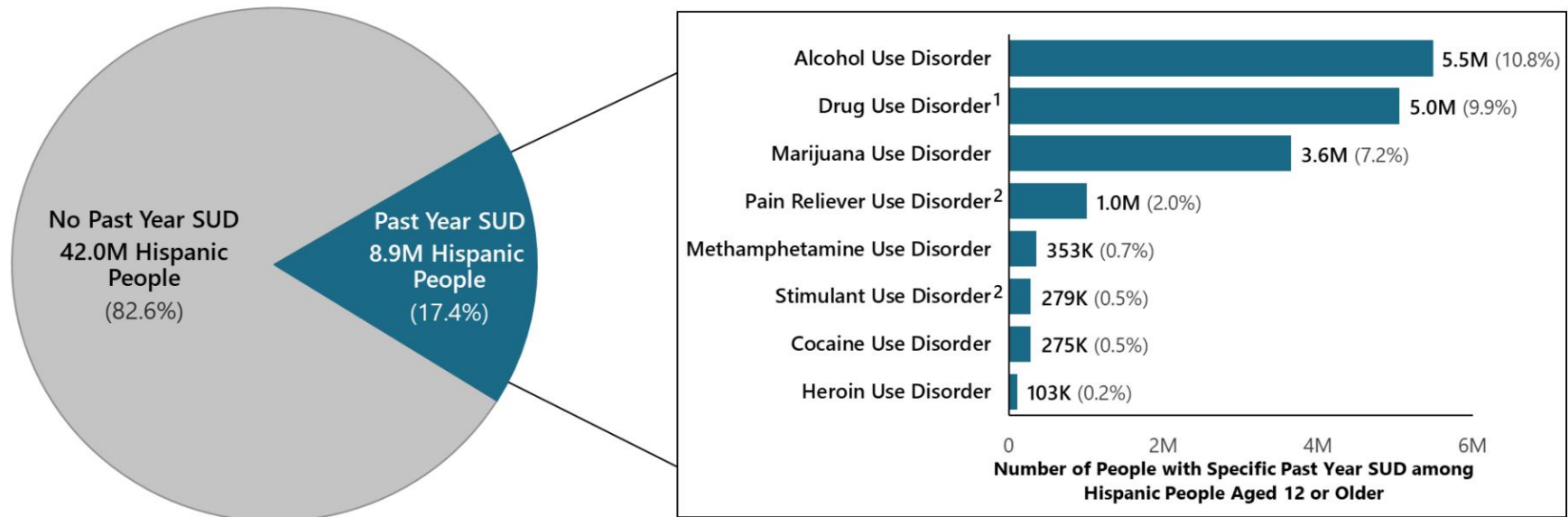
# Foreign-born Population's Health in the US

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Foreign-born Latino people in the US are healthier than their US-born Latino and non-Latino counterparts, but this health advantage diminishes over time and with higher levels of social adaptation.

Relocation stress, the stress associated with being a foreign-born people to the US, is a key driver of this decrease in health.

# Past Year Substance Use Disorder (SUD): Among Hispanic People Aged 12 or Older



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

<sup>1</sup> Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

<sup>2</sup> Includes data from all past year users of the specific prescription drug.



# Substance Use Patterns Among Hispanic/Latino Subgroups

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## Puerto Ricans:

- Highest rates of illicit drug use among Hispanic subgroups.
- Elevated prevalence of alcohol use disorder (AUD).
- More likely to receive substance use treatment when needed.
- Higher rates of co-occurring mental health issues.

## Mexican Americans:

- Higher rates of AUD compared to other subgroups.
- Lower rates of illicit drug use than Puerto Ricans.
- Less likely to receive treatment when needed.

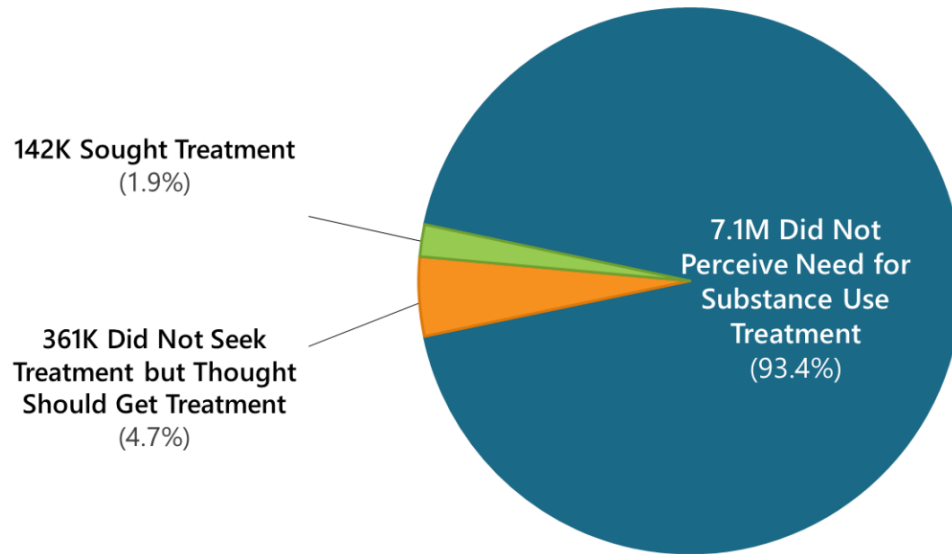
## Cuban Americans:

- Lower rates of recent marijuana and cocaine use.
- Less likely to remain in treatment programs.

## Central and South Americans:

- Lowest rates of illicit drug use among Hispanic subgroups.
- Less likely to need or receive substance use treatment.

## Perceived Need for Substance Use Treatment: Among Hispanic People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year

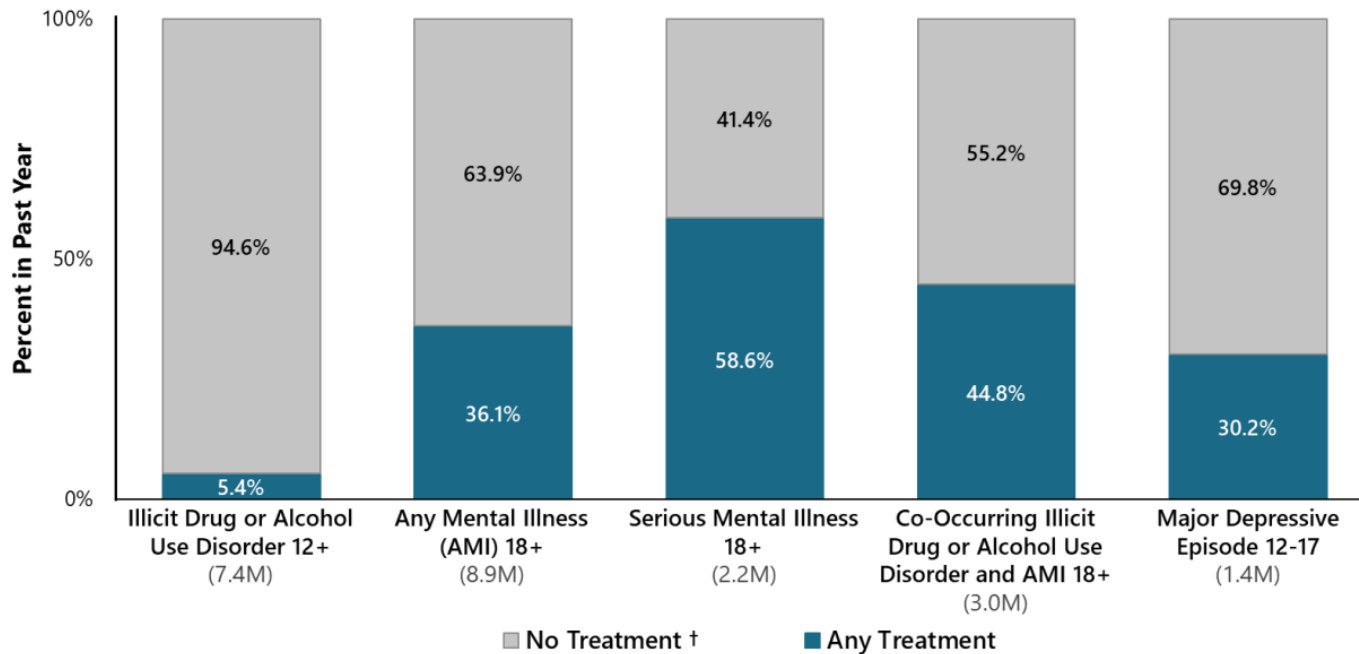


- Nearly all Hispanic people with a substance use disorder who did not receive substance use treatment **did not think they needed treatment**

**7.8 Million Hispanic People with a Substance Use Disorder Who Did Not Receive Substance Use Treatment**

# Latino

There's a mismatch between the need for services and service utilization 12yrs and older who did not receive mental health or substance use treatment in the past year.



# Why Talk About Stigma Now?

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Rising problematic substance use rates and overdose deaths

Ongoing workforce burnout

New data from Shatterproof Addiction Stigma Index (SASI) and national surveys

# High-Impact Areas for Intervention

Emergency Departments

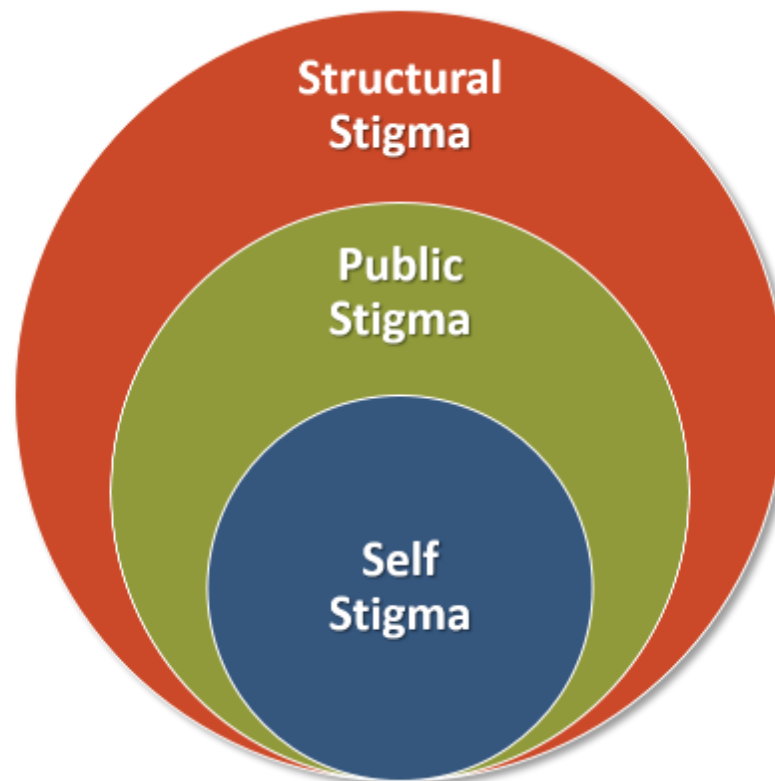
Primary Care

Maternal Health

Psychiatry and Behavioral Health

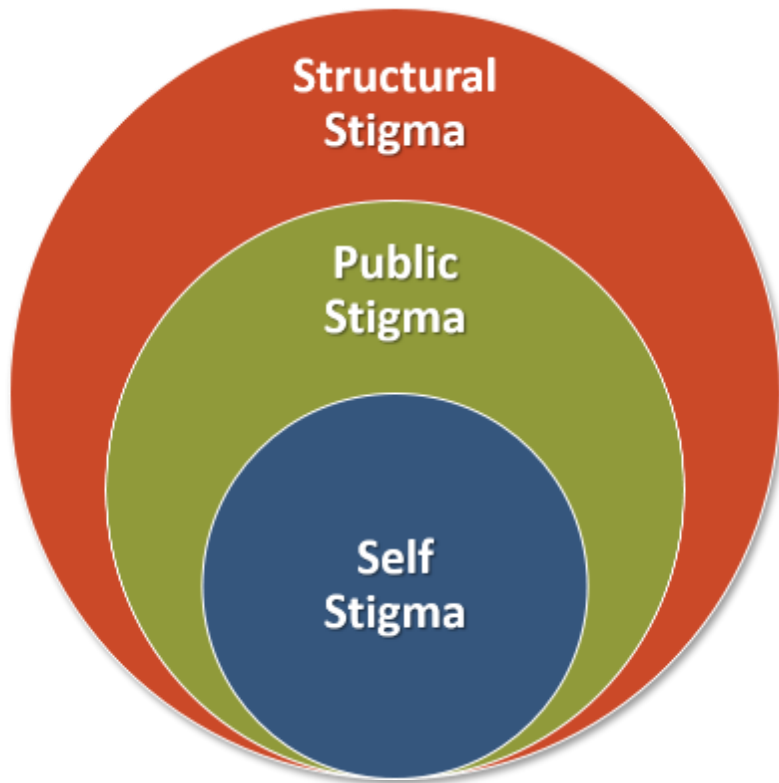
# Stigma on Three Levels

Stigma is a dynamic multidimensional, multilevel phenomenon that occurs at three levels of society—**structural** (laws, regulations, policies), **public** (attitudes, beliefs, and behaviors of individuals and groups), and **self-stigma** (internalized negative stereotypes).



# Stigma on Three Levels

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## Examples:

*State health agency boards who make decisions, with no representation of individuals with lived experience*

*Neighborhood perspectives regarding the presence of drug activity*

*Believing that you're not worth treatment*


# Commonly Studied Dimensions of Stigma

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**Blame - *individuals are to blame (control and fault).***



**Social Distance - *would I have them marry into my family.***



**Dangerousness - *are they unexpectedly volatile, a threat to my safety.***

# Stigma Across the Continuum of Care

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During active  
use



Seeking  
treatment



In long-term  
recovery



# Intersectionality and PSU Stigma

RACE, GENDER, HOUSING STATUS, CRIMINAL JUSTICE INVOLVEMENT

# Race and Ethnicity

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## **Disproportionate**

**Criminalization:** Black and Latino individuals are more likely to be arrested and incarcerated for drug-related offenses, despite similar usage rates compared to White individuals. This overrepresentation in the criminal justice system exacerbates stigma and limits access to treatment.

**Treatment Disparities:** Racially diverse populations often face barriers to accessing quality PSU treatment, including a lack of culturally competent care and systemic biases within healthcare settings.

# Criminal Justice Involvement

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## **Post-Incarceration Challenges:**

Formerly incarcerated individuals with PSUs often face societal stigma that hinders reintegration, including difficulties in securing employment, housing, and healthcare.

## **Mandatory Treatment Programs:**

While court-mandated treatment can provide access to care, it may also perpetuate stigma by framing PSU as a criminal issue rather than a health concern.

# Engagement and Outcomes

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REDUCED ADHERENCE  
TO CARE



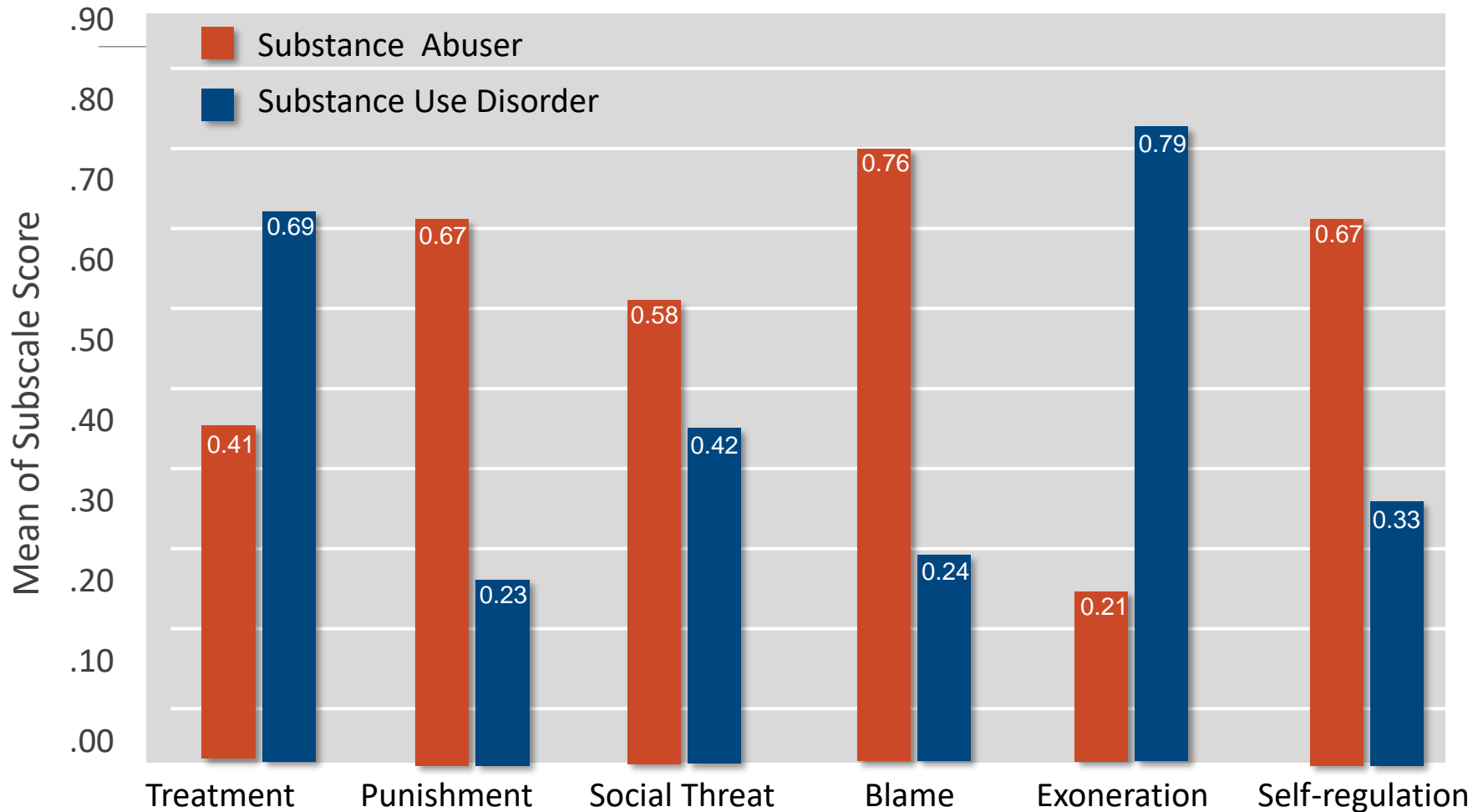
HIGHER DROPOUT RATES  
FROM TREATMENT



AVOIDANCE OF  
PREVENTIVE HEALTH  
SERVICES

# Significance of Descriptive Labels

Subscales Comparing the “Substance Abuser” and “Substance Use Disorder” Labels



Source: Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010) Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empirical Investigation with Two Commonly Used Terms. *Journal of Drug Issues*, 40(4), 805-818

# What Works *Structural Stigma*

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**Professional  
Education**



**Advocacy**



**Legal**



**Policy**

# What Works *Self-Stigma*

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**Education**



**Empowerment**



**Peer Support**

## **BREAKING THE CYCLE OF STIGMA**

Stigma remains a major barrier—it influences how providers deliver care, how individuals experience treatment, and how health outcomes unfold.

Its effects are not the same for everyone. Various factors and social determinants of health and involvement with the justice system can intensify stigma and limit access to services.

Recognizing the problem isn't enough. We need to rely on proven approaches and practical tools that reduce stigma and improve the way care is delivered.

Your role matters. Whether you work in healthcare, support services, or in the community, your actions help shape environments where people feel respected and supported.

Let's shift the narrative—moving away from judgment and toward understanding, from barriers to better outcomes.



# Addressing Stigma in Healthcare: A Provider's Pathway to Supporting Patients with Substance Use Disorder

December 10, 2024



## **Setting Intentions for Today:**

**Be open-minded. We will learn from one another and challenge ourselves, our beliefs, and perceptions. We are here to find ways to better serve people impacted by SUD.**



**Shatterproof is a national nonprofit organization dedicated to reversing the addiction crisis in the United States.**



# The Team



# Learning Objectives

## 1. Understand the Impact of Stigma in

### **Healthcare Settings:**

Gain insights into how stigma manifests among healthcare providers, supported by data from the Shatterproof Addiction Stigma Index (SASI) and other research, and discuss insights into key areas for intervention.

## 2. Learn How Stigma Affects Patients with

### **SUD:**

Learn how stigma affects the patient experience and outcomes regarding SUD course, engagement with healthcare professionals across health issues, and in relation to treatment and recovery for those who are seeking it.

## 3. Explore Evidence-Based Strategies to

### **Reduce Stigma – Provider’s Pathway:**

Learn about the formative work behind the curriculum and will examine specific interventions and practical tools that help reduce stigma, such as harm reduction and “hosting conversations.”

# Background



- In 2020, Shatterproof launched a national movement to end addiction-related stigma.
- In 2022, Shatterproof's National Stigma Initiative received \$5.4 million in funding from the Elevance Health Foundation, who has supported nonprofits that share its mission to improve lives and communities.
- Shatterproof was tasked with designing, implementing, and evaluating a scalable SUD stigma reduction intervention for healthcare providers, focusing on health equity and intersectional stigma.





# The Shatterproof Addiction Stigma Index (SASI)

# What is Stigma?

**Stigma is a mark of disgrace associated with a particular circumstance, quality, or person.**

It is a barrier to receiving healthcare and engaging in help-seeking behaviors, and results in discrimination and exclusion.



# The Addiction Stigma Index

In partnership with researchers at Indiana University and the global marketing firm Ipsos, Shatterproof developed and released the SASI, which:

- Is a first-of-its-kind measurement tool to assess attitudes about substance use and people who use substances from the public.
- Measures the perceptions of those with SUD, including the degree in which they have internalized this exclusion.
- Utilizes indices: The SASI has three stigma indices that measure public, structural, and self-stigma.
- Utilizes a vignette strategy





# SASI Exercise



**ACCESS CODE:**  
**2748 8121**

**<https://www.menti.com/al8u7kexaoc1>**

**How willing would you  
be to have someone  
with SUD as your co-  
worker?**

Join at menti.com | use code 2748 8121



# How willing would you be to have someone with SUD as your co-worker?



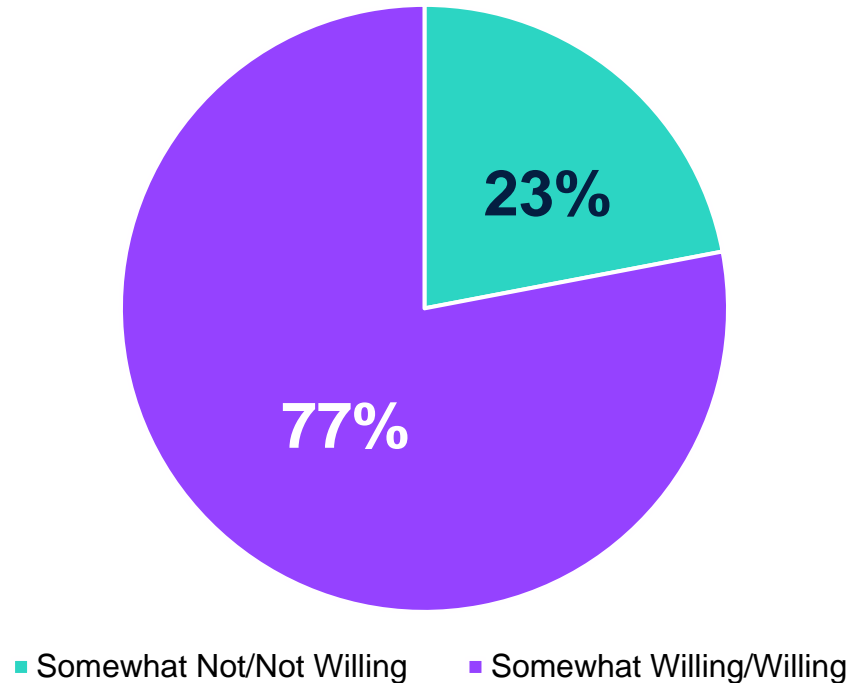
- Definitely / Probably Willing
- Definitely / Probably Unwilling



# SASI Results of Interest

# #1

**Most** individuals are willing to have someone with SUD as a co-worker



**How willing would you  
be to have someone with  
SUD start working  
closely with you on a  
job?**

Join at menti.com | use code 2748 8121



How willing would you be to have someone with SUD start working closely with you on a job?



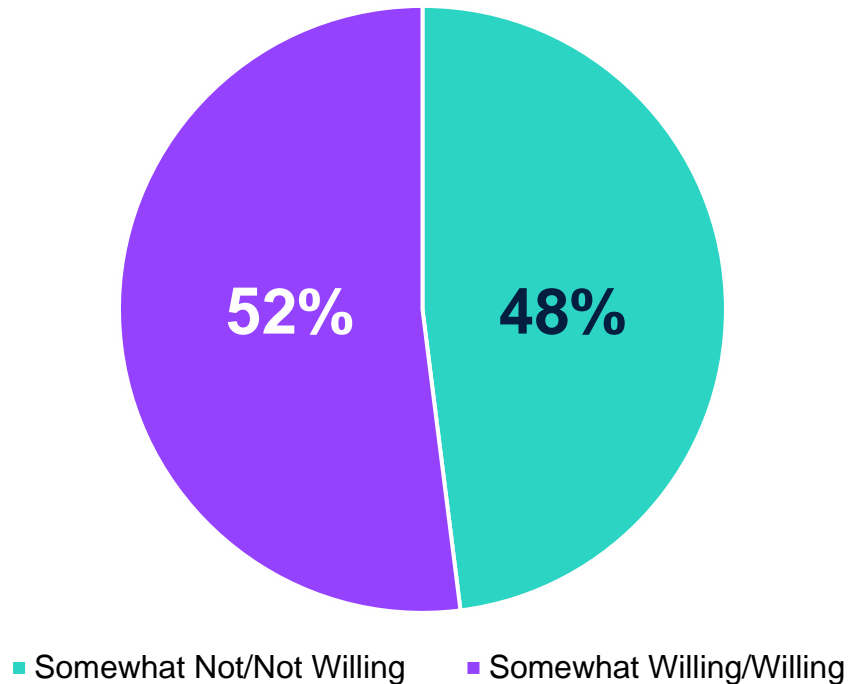
- Definitely / Probably Willing
- Definitely / Probably Unwilling



# SASI Results of Interest

# #2

Only **about half** of people are willing to work closely



**How willing would you  
be to hire someone  
with SUD to do work  
for you?**

Join at menti.com | use code 2748 8121

Mentimeter

# How willing would you be to hire someone with SUD to do work for you?



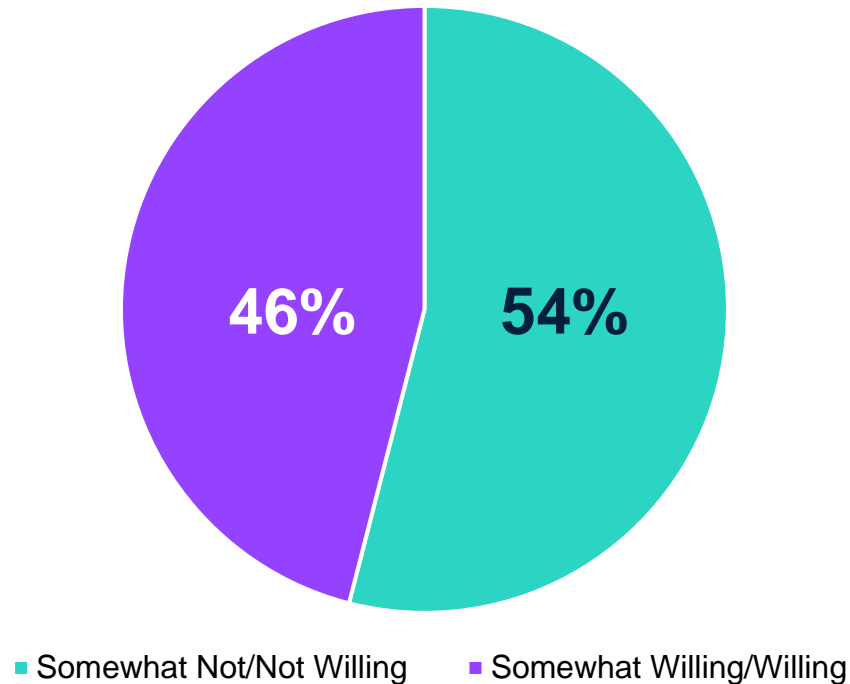
- Definitely / Probably Willing
- Definitely / Probably Unwilling



# SASI Results of Interest

# #3

**Less than half** of people are willing to hire someone with SUD to do work for them



**How willing would you  
be to have someone  
with SUD as your  
supervisor at work?**

Join at menti.com | use code 2748 8121



How willing would you be to have someone with SUD as your supervisor at work?



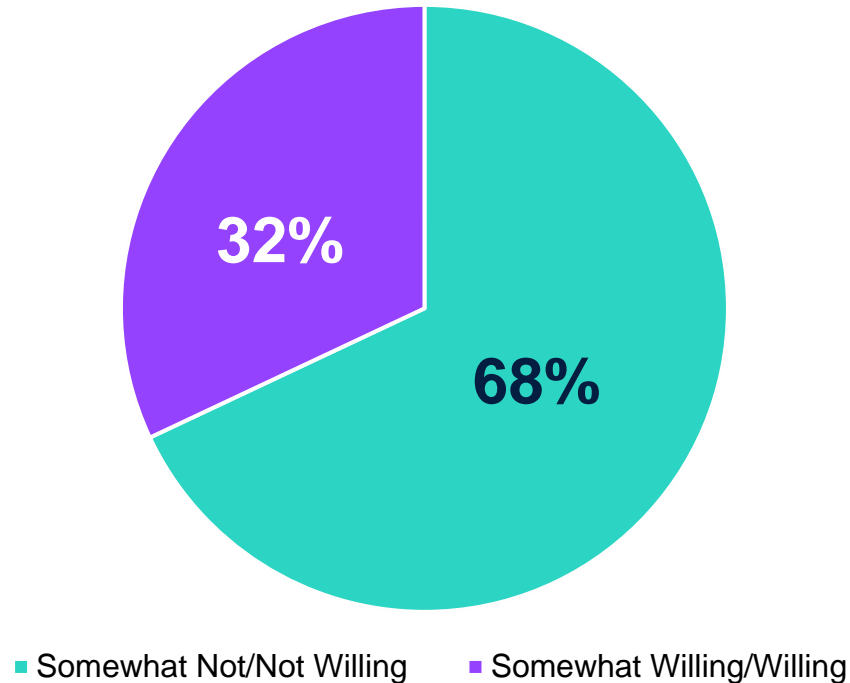
- Definitely / Probably Willing
- Definitely / Probably Unwilling



# SASI Results of Interest

# #4

Only **about a third** of people are willing to have someone with SUD as their supervisor



# Healthcare Professionals and SUD Stigma

Shatterproof's Addiction Stigma Index identified the following:



**45%** of healthcare professionals falsely believe that **SUD is caused by a person's own bad character.**



**69%** of healthcare professionals would be unwilling to have someone with SUD **marry into their family**, and **50%** would be unwilling to have a person with SUD **as a close friend.**



**61%** of healthcare professionals endorsed the belief that use of **MOUDs is substituting one drug for another.**





# Stigma and Healthcare

# The Issue – Stigma in Healthcare

- Stigma towards people with addiction can lead to discrimination, social isolation, and lack of social support, affecting their daily lives and ability to seek medical care.
- Shatterproof Addiction Stigma Index (SASI) data show that healthcare professionals hold relatively high levels of addiction-related public stigma.
- Only 14% of people with SUD receiving the care they need.

**Reducing stigma held by healthcare professionals could help millions receive quality healthcare when they need it, and open more paths to treatment and recovery for those who want it.**



# The Issue – Challenges in SUD Care & Outcomes

**While everyone with an SUD is likely to face stigma, people holding multiple stigmatized identities will face additional, often compounding, stigma. This is called intersectional stigma.**

- Health challenges may be partially influenced by intersectional stigma.
- Research shows people with multiple stigmatized identities experience additional bias, discrimination, and injustice in the healthcare system.
- To address intersectional stigma, Shatterproof has applied a data-driven approach to identify a patient sub-population for this program. This investigative data process led us to focus on the Latino population.



# Why?

Stigma among healthcare providers is driven by many factors, including:

- inadequate training
- lack of education on the issue of stigma
- lack of support
- systemic barriers
- implicit biases

Improvements across some or all these drivers may lead to improved quality of care for all people with SUD, including those from marginalized communities.





# A Provider's Pathway

# The Solution

A Provider's Pathway is one solution to address stigma towards patients with SUD and health inequities in our healthcare system.

Shatterproof worked with a diverse group of stakeholders to create this curriculum, including:

- Scholars who provided research and direction in identifying program audience and beneficiaries
- An external advisory board made up of providers, scholars in mental health and health equity, and people with lived experience
- Yale Program in Addiction Medicine



# Our Approach – Education & Training Drivers

## Pilot Intervention

*A Provider's Pathway to Supporting [Latino] Patients with SUD*

- Asynchronous, e-learning curriculum
- Scalable (if effective)
- Customizable, flexible
- 3 initial releases

## Audience

3,000 prescribing providers

- MDs, DOs, PAs, NPs, and APRNs
- Approved for 5-8 free CEUs from the American Society of Addiction Medicine (ASAM)

## Beneficiaries

People experiencing SUD-related stigma and intersectional stigma in the healthcare system

- People with SUD
- People who use drugs (PWUD)
- People with SUD or PWUD who are Latino





# Demonstration of the platform and curriculum



For more information:

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[rdeforde@shatterproof.org](mailto:rdeforde@shatterproof.org)





# Q&A



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# ¡Gracias! Thank You!

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