

Addiction-Related Stigma

Federico Pavlovsky[®]

Dispositivo Pavlovsky. Buenos Aires, Argentina

International statistics show that fewer than 10% of individuals who required treatment for substance use actually received it in a specialized substance use treatment center, and that only one in five of those treated is a woman^{1,2}. In many healthcare centers and specialized hospitals, the prevailing response is still: “we do not treat addictions here.” Patient Rights laws and Mental Health laws notwithstanding, this remains the reality in many healthcare settings across the country, as repeatedly reported by families of individuals with substance use disorders^{3,4}.

Substance use has historically been a taboo topic and has often been met with a punitive or dismissive attitude within the medical community. This population has frequently been treated in a hostile manner and may represent one of the most neglected and underserved patient groups by healthcare providers⁵. This has been the case not only among general practitioners and emergency services, but also among psychologists and psychiatrists. Few situations are more stigmatized than that of a woman with substance use disorder –especially if she is pregnant– given the fear of disclosing her condition due to the potential risk of “losing her child”⁶.

The present descriptive study on pregnant and postpartum individuals with problematic substance use conducted in a hospital in the northwest region of Buenos Aires Province⁷, together with a recent article from a hospital in the City of Buenos Aires⁸, highlights the associated obstetric and perinatal risks. Toxicological screening is therefore important and may also open a therapeutic window (rather than being limited to preventive campaigns alone). This article deliberately limits itself to a cautious and evidence-based description of reality; however, it may also be suggesting much more: that it is possible to build a care model in the short term. What are articles for? Perhaps to inform decisions and to create solutions that did not previously exist –or that are currently not working.

Is addiction a mental health problem? When we ask patients this question, they often pause to think. What is striking is that many mental health professionals also

hesitate. The Penal Code, however, has fewer existential dilemmas and, under current legislation, has no difficulty classifying the conduct of a person who acquires illicit drugs: they are deemed a criminal committing an offense.

However, addiction is the product of a highly structured and well-established system: we saw this clearly with nicotine, we see it every day with alcohol, and it is worth paying attention to the current crisis we are facing—online pornography and gambling. There is a vast, dynamic, and creative supply promoting substance use. Yet here lies the imbalance: the availability of treatment is limited, and in Argentina, even today, accessing addiction treatment remains a cumbersome and complex process⁹. It is far easier to consume than to enter treatment for mental health and substance use disorders. It is much easier to open a casino than to establish a mental health center.

Here, I draw on this excellent article to reflect on several issues. Everything that has been briefly described regarding the use of psychoactive substances is even more dramatic in women: more severe biological effects, reduced access to treatment, and a lower likelihood of sustaining a therapeutic process. Consider this small experience, which I know firsthand as the director of an outpatient addiction treatment center: of a total of 100 patients currently in care, only 27% are women¹⁰. This is within a treatment program that incorporates a gender perspective and even includes dedicated spaces for women—an approach that has been shown to improve adherence¹⁰. We invest time, training, and resources to increase this level of participation, yet it remains a difficult task.

In our society, many women who use substances face barriers to treatment related to gender stereotypes and social expectations, which generate shame and greater stigma: the label of the “addicted mother” is even harsher than that applied to men who use substances. In addition, women—even while struggling with substance use—often continue to bear multiple responsibilities linked to their social roles, which can make it difficult to engage in treatment, particularly when it is time-intensive¹¹.

Author for correspondence: fpavlovsky@gmail.com, Pavlovsky F.

Received: 03/12/2026 | Accepted: 03/17/2026 | Published: 03/31/2026

DOI: <http://doi.org/10.51987/rev.hosp.ital.b.aires.v46i1.1324>

How to cite: Pavlovsky F. Addiction-Related Stigma. *Rev Hosp Ital B.Aires.* 2026;46(1):e0001324

<https://ojs.hospitalitaliano.org.ar/>

 BY-NC-SA 4.0

ISSN (en línea) 2314-3312

There is a saying in the field of addiction: treatments are designed for men and by men. There remains some truth to this, as it continues to be reflected in the orientation of many care systems. When family meetings are held for patients (75% of whom are men), the pattern reverses: 75% of family members attending are women (mothers or partners). This offers a clear example of how cultural norms shape both treatment approaches and care frameworks.

To conclude, I return to a few personal reflections on addiction treatment: we must reach patients where they are, actively engage patients in care rather than wait for it, and provide care in the setting where they seek help rather than reflexively referring them elsewhere. Every consultation (or prenatal visit) represents an opportunity that could save the life of that person and their child. This work is both timely and valuable.

REFERENCES

1. National Institute on Drug Abuse (NIDA). Principios de tratamientos para la drogadicción: una guía basada en las investigaciones. Bethesda, MD: National Institutes of Health; 2014, rev 2020 July [citado 2026 mar 16]. Disponible en: <https://nida.nih.gov/sites/default/files/podat-3rdEd-508-esp.pdf>.
2. Stein DJ, Vigo DV, Harris MG, et al. Patterns and predictors of 12-month treatment of common anxiety, mood, and substance use disorders in the World Mental Health (WMH) surveys: treatment in the context of perceived need. *Int J Ment Health Syst.* 2025;19(1):10. <https://doi.org/10.1186/s13033-025-00661-1>.
3. Argentina. Honorable Congreso de la Nación. Ley N° 26.529 Derechos del paciente en su relación con los profesionales e instituciones de la salud [Internet]. Buenos Aires: Infoleg; 2009 Nov 19 [citado 2026 mar 16]. Disponible en: <https://servicios.infoleg.gob.ar/infolegInternet/anexos/160000-164999/160432/norma.htm>.
4. Argentina. Honorable Congreso de la Nación. Ley Nacional de Salud Mental N° 26.657 [Internet]. Buenos Aires: Infoleg; 2010 dec 2 [citado 2026 mar 16]. Disponible en: <https://servicios.infoleg.gob.ar/infolegInternet/anexos/175000-179999/175977/norma.htm>.
5. Cía AH, Stagnaro JC, Aguilar Gaxiola S, et al. Lifetime prevalence and age-of-onset of mental disorders in adults from the Argentinean Study of Mental Health Epidemiology. *Soc Psychiatry Psychiatr Epidemiol.* 2018;53(4):341-350. <https://doi.org/10.1007/s00127-018-1492-3>.
6. Unidad de Seguimiento de Políticas Públicas en Adicciones. El ocultamiento de las mujeres en el consumo de sustancias psicoactivas. Buenos Aires: Legislatura de la Ciudad Autónoma de Buenos Aires; 2011.
7. Paolucci M, Daglio D, Ciafardini A, et al. Estudio descriptivo sobre las características de personas gestantes y puérperas con consumo problemático de sustancias psicoactivas en un hospital público de la provincia de Buenos Aires. *Rev Hosp Ital B.Aires.* 2026;46(1):e0001273. <http://doi.org/10.51987/rev.hosp.ital.b.aires.v46i1.1273>
8. Risso M, Saa G, González Alcántara M, et al. Consumo de alcohol y drogas en embarazadas internadas en un hospital de la ciudad de Buenos Aires, Argentina. Evaluación del impacto inicial en el recién nacido. *Vertex.* 2023;34(162):7-15. <https://doi.org/10.53680/vertex.v34i162.500>.
9. Pavlovsky F, coord. Apuestas online: la tormenta perfecta. Buenos Aires: Noveduc; 2024. 208 p.
10. Pavlovsky F, Irazoqui G, Faur R, et al. Evaluación multidimensional de un programa de tratamiento ambulatorio intensivo de 12 meses para el trastorno por uso de sustancias. Experiencia en Argentina. *Vertex.* 2022;34(161):6-17. <https://doi.org/10.53680/vertex.v34i161.481>.
11. Strambach C, Gargiulo V, García L, et al. Intervenciones facilitadoras para las mujeres en el tratamiento por consumos problemáticos desde un enfoque de género. *Rev Argent Salud Pública.* 2023;15:e100.