



Great Lakes (HHS Region 5)

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The Role of Prevention Practitioners in Addressing and Reducing Stigma

November 14, 2019

3:45 – 5:15 P.M.

Chuck Klevgaard, CSPS, Prevention Manager (PTTC)

Learning Objectives



- Define stigma in general and what it looks like in the world of SUD, MH, and Healthcare.
- Describe how the impact of stigma can lead to use, misuse and risk for addiction.
- Describe roles for prevention professions in combatting stigma



Definition of Stigma



Stigma Defined: Merriam-Webster

“a set of negative and often unfair beliefs that a society or group of people have about something.”

“is a mark of disgrace that sets a person apart from others. When a person is labelled by their illness they are no longer seen as an individual but as part of a stereotyped group.”

*“The definition of a **stigma** is something that takes away from one's character or reputation.”*

Stigma



Definition

- Stereotype-ideas
- Prejudice-beliefs
- Discrimination-actions

Other Examples?



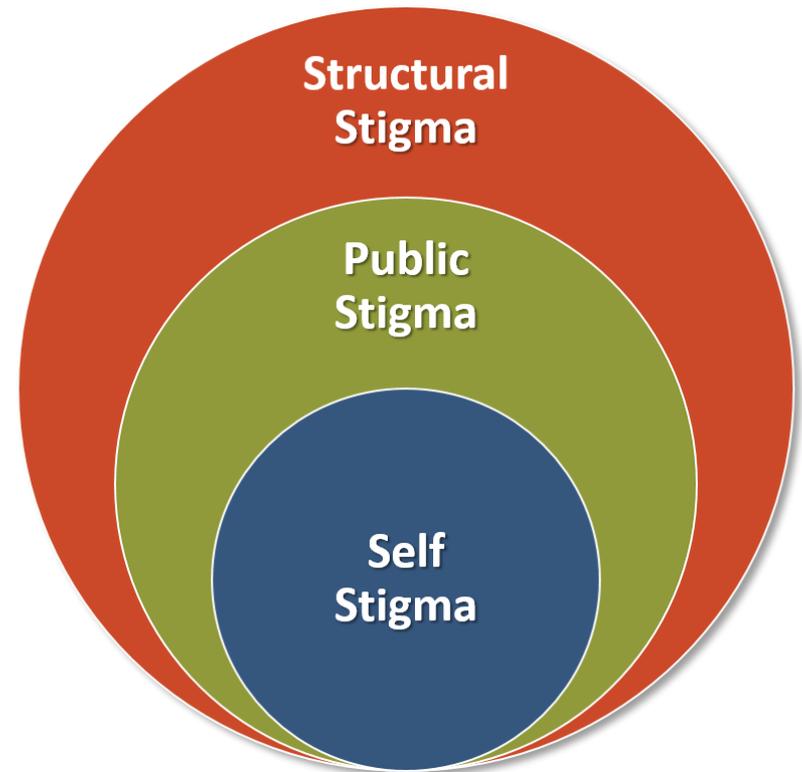
Levels of Stigma

Examples:

State health agency boards who make decisions, with no representation of the prevention populations they serve.

Neighborhood perspectives regarding the presence of drug activity

Believing that you're not worth treatment





The Impact of Stigma on SUD & Mental Health and Healthcare



HOW STIGMA IMPACTS RECOVERY



STIGMA CAN...

REDUCE willingness to seek professional help

CAUSE reluctance to attend treatment

LIMIT access to healthcare, housing, and employment

DIMINISH self-esteem

AFFECT personal relationships at a time they are needed most

Beliefs – Addiction



Stigma in Healthcare



Stigma in healthcare is a powerful social process that is characterized by labeling, stereotyping, and separation, leading to status loss and discrimination, all occurring in the context of power.

HOW STIGMA IN HEALTHCARE IMPACTS HEALTH

STIGMA CAN...

Denial of care

SUBSTANDARD care

PHYSICAL or **Verbal** abuse

UNDERMINE access to
diagnosis, treatment and
outcomes

WELL-BEING of healthcare
workers



Beliefs - Healthcare



Stigma in Healthcare



Stigma is brought to bear on individuals or groups both for health (e.g., disease-specific) and non-health (e.g., poverty, gender identity, sexual orientation, migrant status) differences, whether real or perceived.

Stigma In Healthcare: Non-health Differences

HOW STIGMA IMPACTS HEALTH

STIGMA CAN...

Denial of care

SUBSTANDARD care

PHYSICAL or Verbal abuse

UNDERMINE access to diagnosis, treatment and outcomes

WELL-BEING of healthcare workers



HOW STIGMA IMPACTS RECOVERY

STIGMA CAN...

REDUCE willingness to seek professional help

CAUSE reluctance to attend treatment

LIMIT access to healthcare, housing, and employment

DIMINISH self-esteem

AFFECT personal relationships at a time they are needed most



Gender , Sexual Orientation, Poverty,
Race, Migrant Status, ???

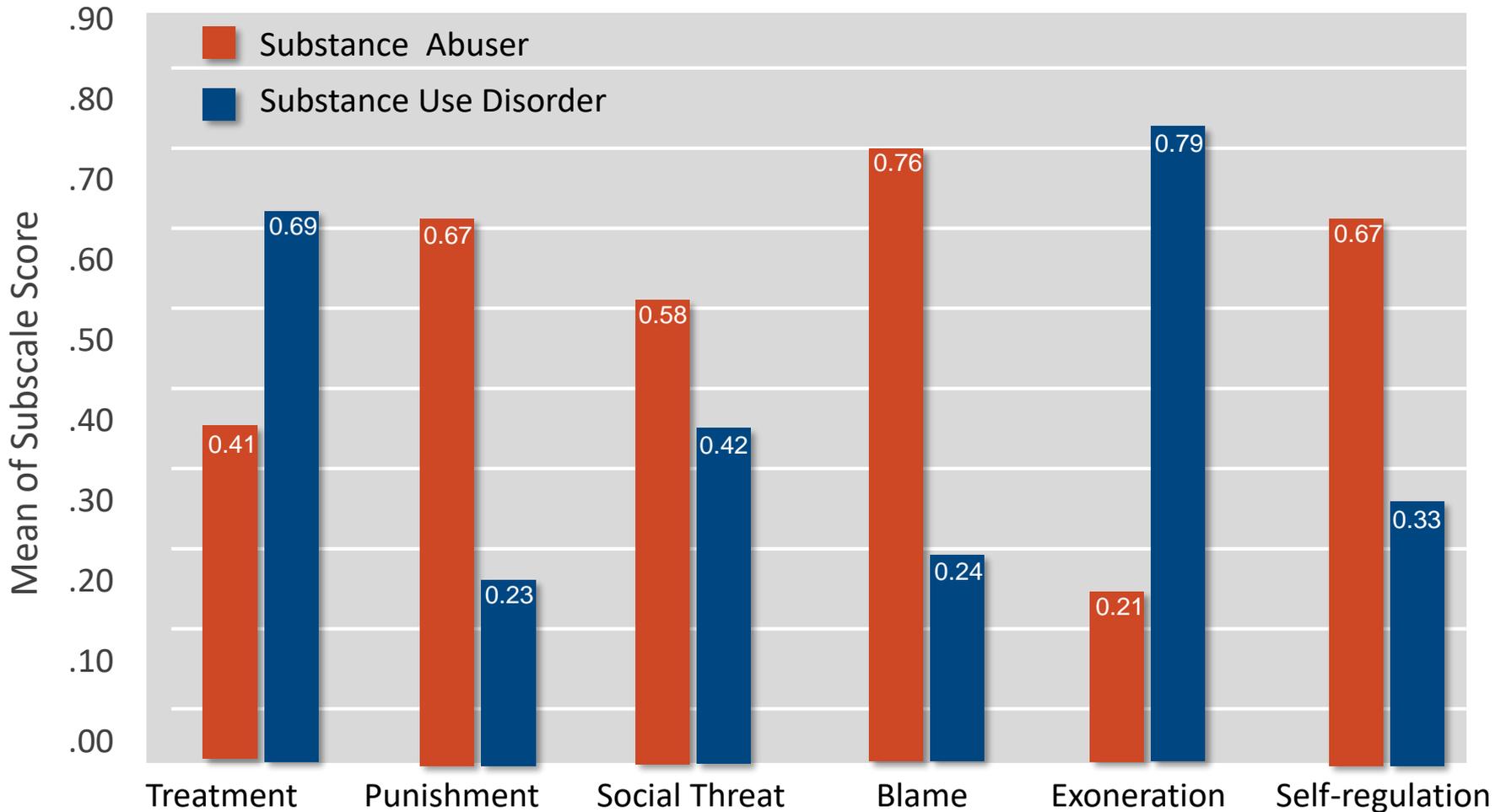
Populations where you live/work?



LANGUAGE MATTERS

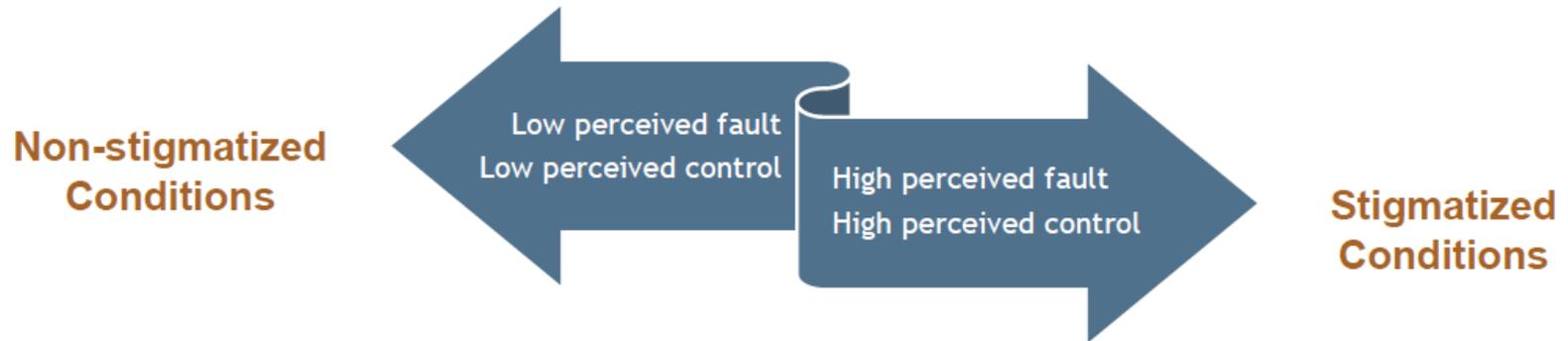
Significance of Descriptive Labels

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

Language and Conditions



Person first language (for example, reference to “a person with substance use disorder”) suggests that the person *has* a problem that can be addressed. By contrast, calling someone a “drug abuser” implies that the person *is* the problem.

Language Does Matter

SAY THIS...

- Substance Use Disorder
- Person with a substance use disorder
- Positive drug screen
- Recurrence of use
- In recovery, abstinent, in remission

NOT THAT...

- Substance Abuse
- Addict, substance abuser, junkie
- Dirty drug test
- Relapse, off the wagon
- Clean, ex-addict

EFFECTIVE WAYS PREVENTION STAFF CAN WORK TO COMBAT STIGMA - ADDICTION

LEARN about addiction

Politely **CORRECT** misperceptions

SEEK and share resources

OFFER compassionate support

TREAT people with respect

REPLACE negative attitudes with
evidence-based facts

SHARE your own stories of stigma



EFFECTIVE WAYS PREVENTION STAFF CAN WORK TO COMBAT STIGMA IN HEALTHCARE

Promote **Health Literacy**

Educating about stigma and its impact on health

Skills building for those working with stigmatized groups

Increase Contact (e.g. provide opportunities for members in the stigmatized group to deliver interventions)

Empowerment (e.g. improve client coping mechanisms)

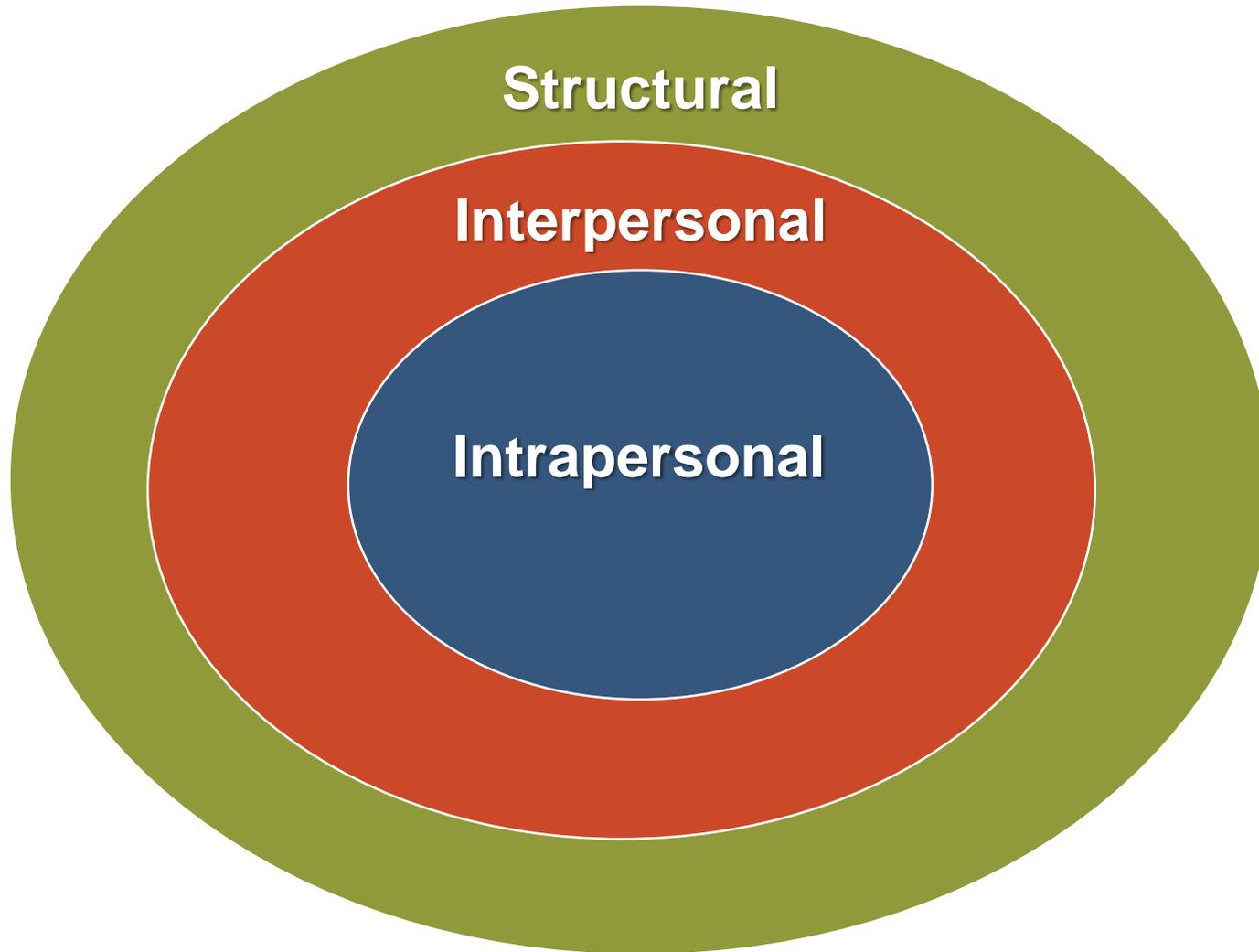




Viewing stigma as a public health issue points to the ways in which stigma harms people with addiction or mental illness.

Three are particularly notable: label avoidance, blocked life goals, and self stigma.

Public Health Approaches



Intrapersonal

Stigmatized Groups

Education and counseling

Expressive-writing

Belonging

Values Affirmation

Non- stigmatized

Education - Countering stereotypes, myths, misperceptions

Interpersonal

Stigmatized Groups

Information-processing (didactic small group)

Community-based rehabilitation – integrating into community

Non- stigmatized

Information-processing- Interact with stigmatized groups to promote trust. Intergroup contact – with stigmatized groups, especially when follows an education program

Structural

Stigmatized Groups

Communicating diversity values (identity threat can deter people from education employment. Interventions that signal value and inclusivity.

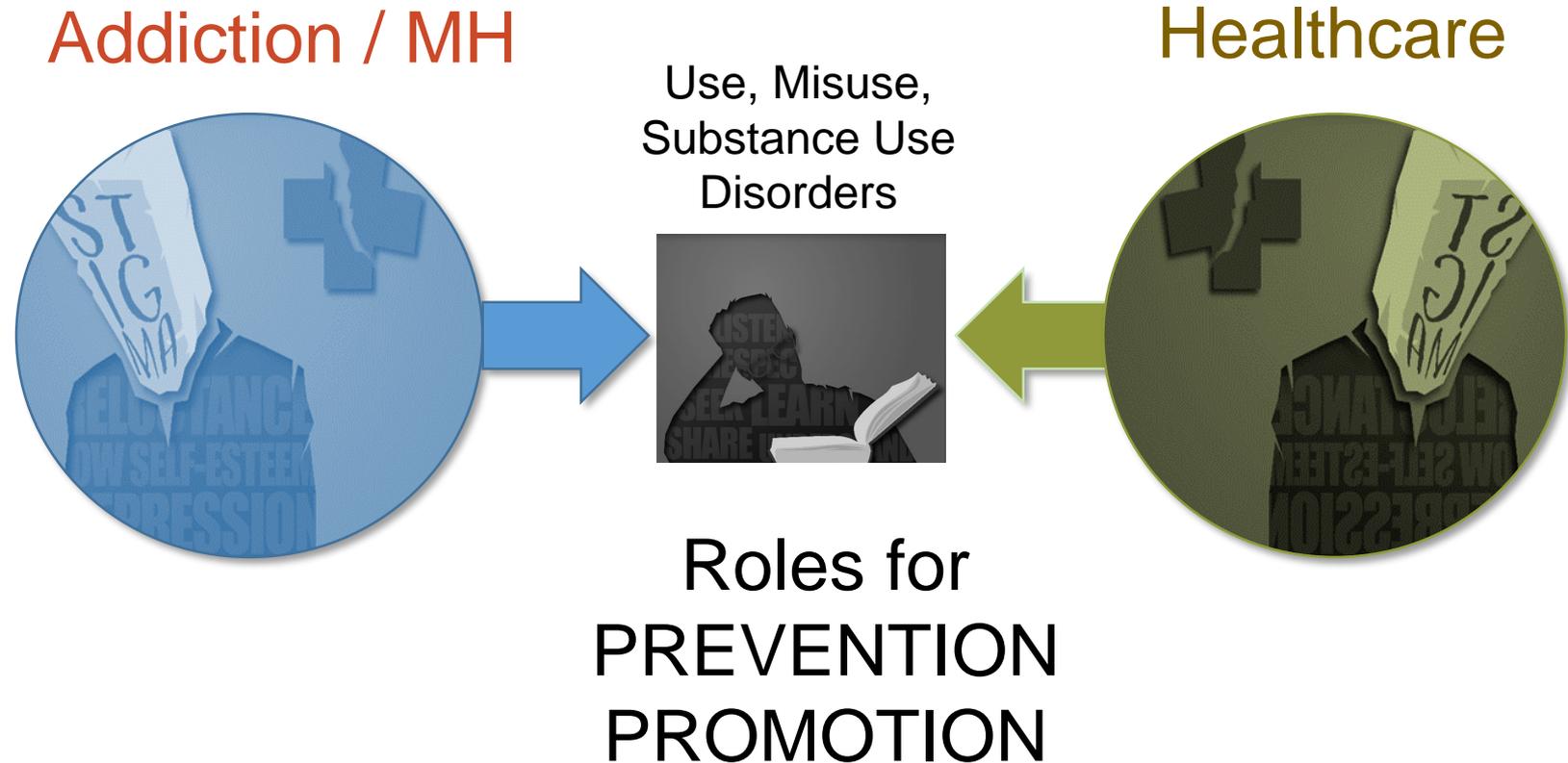
Non-Stigmatized

Advertising, mass media, and educational interventions

Policy

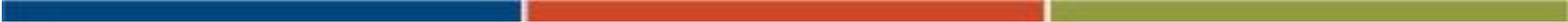
Laws protecting groups, same sex marriage leads to lower medical and mental health visits

Roles for Prevention to Address Ideas, Beliefs, and Actions that Elicit or Perpetuate Stigma



What has been the role for prevention ?

Roles for Prevention



Consider these questions:

1. Are you using “person first” language?
 2. Have you updated messaging in staff orientation, community training slides, and prevention materials.? (e.g. language audit)
 3. Are you using sensational or fear-based language.?
 4. Are you unintentionally perpetuating moral panic? (e.g. talking about opioid babies).
 5. Are you conflating use, misuse , and substance use disorders in prevention messaging?
- 

Roles for Prevention



6. When planning and implementing prevention programs are you engaging relevant stakeholders? (e.g. people who use drugs, or stigmatized populations)
 7. Have you trained staff on stigma including negative health and community outcomes?
 8. Have you considered all the potential opportunities to dispel myths ?
 9. Have you considered ways to create collective impact across sectors?
 10. Are you promoting kindness, openness, and belonging.?
- 

Rationale for Prevention



Convener



Implementer



Process Designer



Organizer



Facilitator



Coordinator



Provocateur



Leader

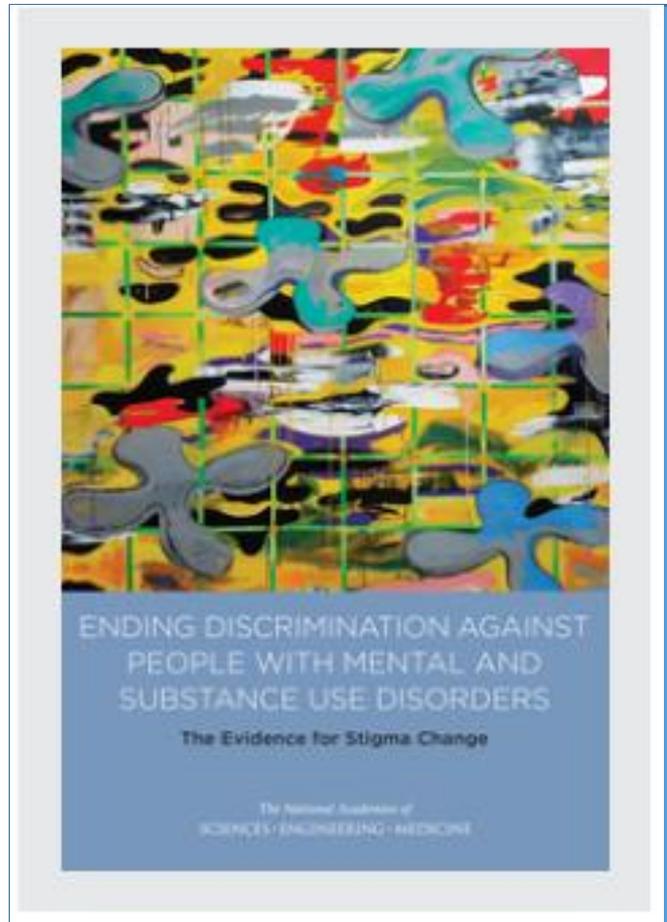
Questions



The language practitioners use to talk about substance misuse shapes how the public views substance use disorders. Unintentionally stigmatizing language can perpetuate negative stereotypes about the types of people who are affected by substance misuse and can decrease public support for prevention and treatment programs.

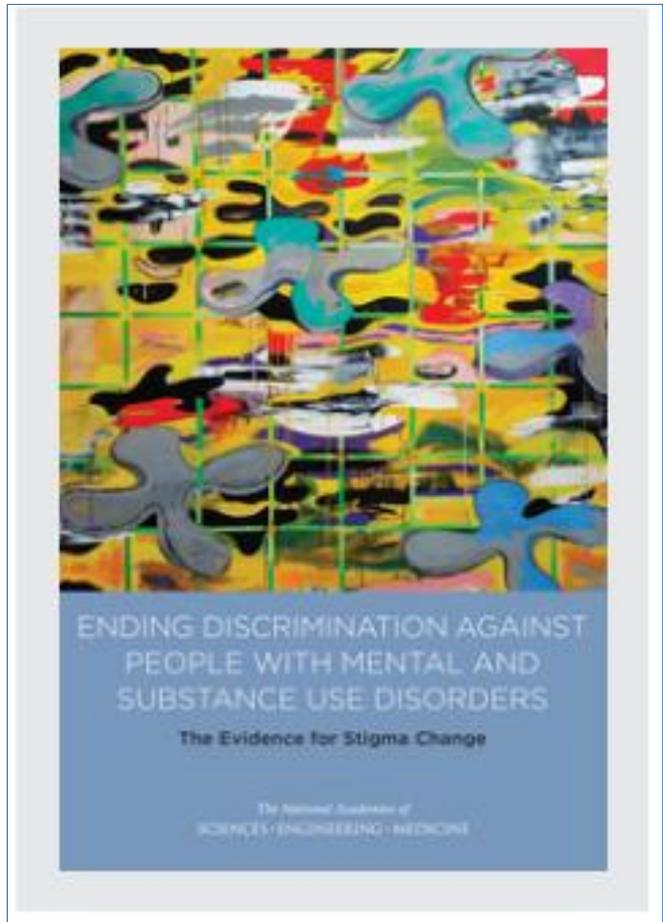


Approaches to Reducing Stigma



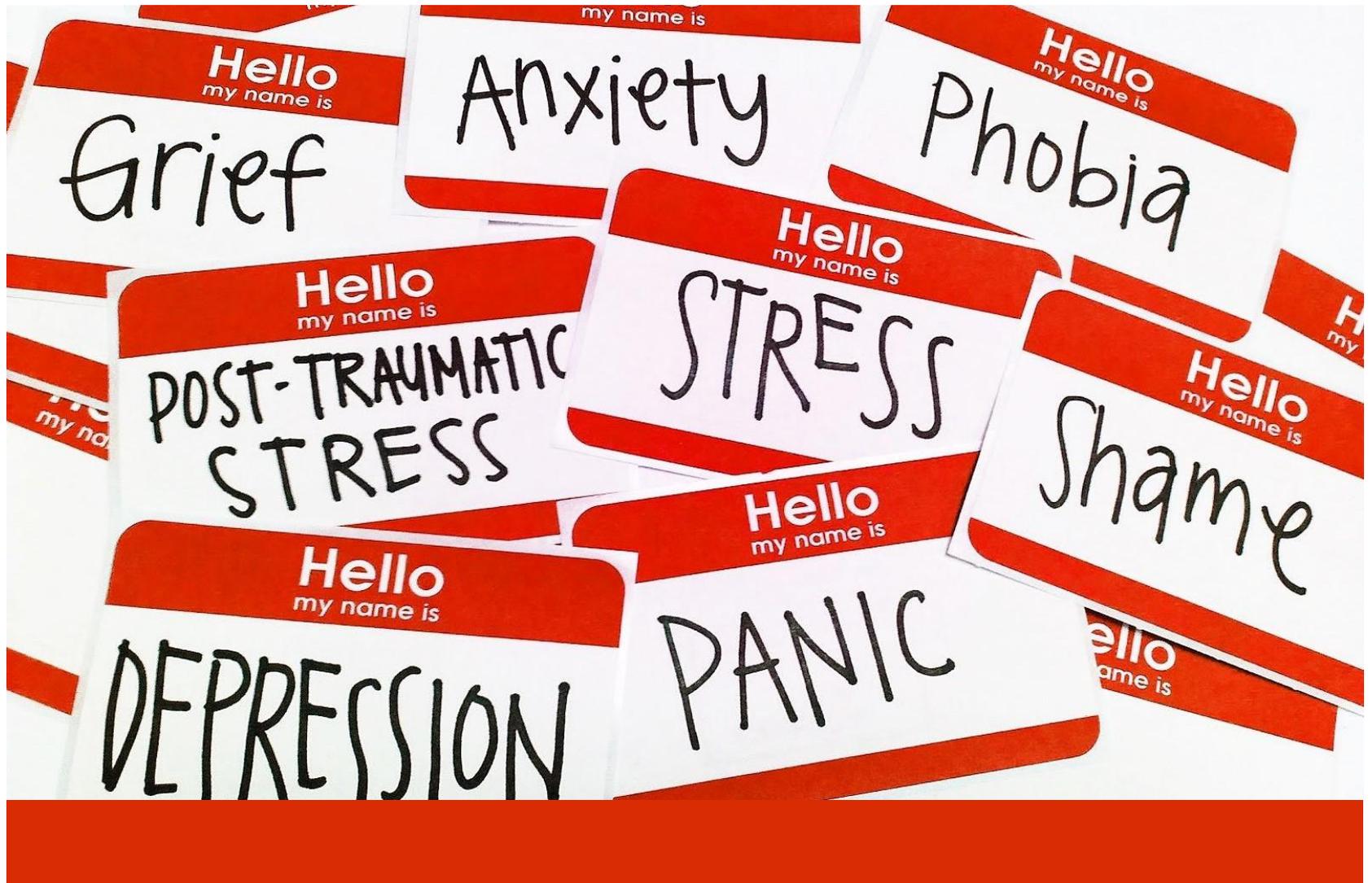
1. Education, such as mental health literacy campaigns;
2. Protest and advocacy (e.g., letter writing and Twitter campaigns);
3. Programs that facilitate social contact between people with and without behavioral disorders (contact-based programs);

Approaches to Reducing Stigma



4. Contact-based education programs, which combine contact with educational content designed to raise public awareness
5. Media campaigns delivered over a range of platforms, including traditional and newer social media;
6. Peer programs in which people who have disclosed their conditions offer their experience and expertise to individuals and families

Labels



Resources

PREVENTION SOLUTIONS@EDC **EDC** Education Development Center

Words Matter: How Language Choice Can Reduce Stigma

“ *Protest any labels that turn people into things. Words are important. If you want to care for something, you call it a 'flower;' if you want to kill something, you call it a 'weed.'*”

Stigma is defined as a mark of disgrace or infamy, a stain or reproach, as on one's reputation.⁴ Substance use disorders carry a high burden of stigma; fear of judgment means that people with substance use disorders are less likely to seek help, and more likely to drop out of treatment programs in which they do enroll.

As prevention practitioners, we are in a unique position to reduce the stigma surrounding substance misuse. The language we use to discuss substance use disorders (SUDs) either formally, as part of prevention messaging, or informally, in conversations with colleagues and stakeholders, can either increase or decrease SUD stigma. In the context of the growing opioid crisis, the language we use becomes particularly important as we find ourselves working in partnership with people who actively misuse substances and confront directly the myriad societal stigmas associated with having an SUD.

This tool looks at the role of language in perpetuating SUD stigma, followed by tips for assessing when and how we may be using stigmatizing language, and steps for ensuring that the language we use and messages we deliver are positive, productive, and inclusive.

GETTING INFORMED: UNDERSTANDING THE IMPACT OF SUD STIGMA

Two main factors affect the burden of stigma placed on a particular disease or disorder: perceived control that a person has over the condition and perceived fault in acquiring the condition. When we believe a person has acquired their illness through no fault of their own, and/or that they have little control over it, we typically attach no stigma to either the person or the illness. Consider hard-to-treat cancers, for example. By contrast, many people mistakenly believe mental health conditions, including substance misuse disorders, are both within a person's control and partially their fault. For these reasons, they frequently attach more stigmas to them.¹¹ The potential for stigma is greater still when someone is using an illegal substance, which carries the additional perception of criminality.

Developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order. Reference #HH5828301200004/HH5828340002. November 2017

PAGE 1

Words Matter, How Language Choice Can Reduce Stigma.
https://preventionsolutions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma_0.pdf

SAMHSA "Overcoming Stigma, Ending Discrimination" Resource Guide:
https://www.samhsa.gov/sites/default/files/programs_campaigns/02_webcast_1_resources-508.pdf

“Addictionary” glossary of non stigmatizing terms:
<https://www.recoveryanswers.org/addiction-ary/>

Language Matters: Using Affirmative Language to Inspire Hope and Advance Recovery.
<https://attcnetwork.org/centers/mid-america-attc/language-matters-using-affirmative-language-inspire-hope-and-advance>



Great Lakes (HHS Region 5)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Who is Involved?

Todd Molfenter, Ph.D.
Director
Todd.molfenter@wisc.edu

Jeanne Pulvermacher, MS
State Project Manager: MI
Jeanne.pulvermacher@wisc.edu

Julia Parnell Alexander, MA
Co-Director, Great Lakes PTTC
State Project Manager: IN
jcparnell@wisc.edu

Scott Gatzke, BS
Director, Dissemination
State Project Manager: IL
Scott.gatzke@wisc.edu

Kris Kelly
State Project Manager: MN
Kris.kelly@wisc.edu

Lou Kurtz, M.Ed.
Co-Director, Great Lakes MHTTC
State Project Manager: OH
Kurtzjr@wisc.edu

Laura Saunders, MSSW
State Project Manager: WI
Laura.saunders@wisc.edu

Alfredo Cerrato
Intensive Technical Assistance Project Manager
alfredo.cerrato@wisc.edu

Maureen Fitzgerald, BA
Communications
Maureen.fitzgerald@wisc.edu

Ann Schensky, BS
Project Coordinator
ann.schensky@wisc.edu

Erin Ficker
Prevention Manager
EFicker@edc.org

Chuck Klevgaard, CSPS
Prevention Manager
cklevgaard@edc.org

