

Reducing Substance Use Stigma: What Works to Create Positive Change?

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Shatterproof

Who is Shatterproof?

Introduction to Addiction Stigma

- What is addiction stigma?
- Shatterproof Addiction Stigma Index
- Addiction Stigma and Healthcare Professionals – an example

What Works to Reduce Stigma?

Implications and Action Items

- Stigma Reduction Campaigns
- Individual Actions

Today's Agenda

Relevant to the content of this educational activity, I do not have a financial relationship with an ineligible company to disclose.



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

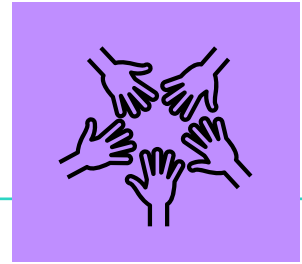
Shatterproof's Plan



Revolutionizing
the Treatment
System



Breaking Down
Addiction Stigma



Supporting and
Empowering
Communities



Shatterproof's Approach

Prioritized & Reviewed

100 publications and reports related to stigma reduction

Assessed

11 analogous social-change movements to understand how they shifted beliefs & behaviors

Conducted Interviews

50+ experts in social change, mental health, and addiction

Shatterproof embarked on a six-month project rigorously reviewing and analyzing analogous movements to inform Shatterproof's plans to significantly reduce the stigma associated with substance use disorder and, ultimately, behavioral health more broadly.



6 Key Success Factors in Past Movements

1. A well-funded, central actor(s) benefitted the creation of rapid change
2. Key actions taken in educating, altering language, & changing policies
3. Educational initiatives using contact-based strategies to humanize and emphasize treatment is effective
4. Movements to activate influential institutions → achieve public adoption
5. Positive & negative incentives employed to change relevant behavior
6. Action mobilized at both the “grassroots” & “grasstops”



Key Drivers of the Overdose Crisis

1. Marketing of prescription opioids as non-addictive and overprescribing of opioids
2. Increasing access to heroin and fentanyl
3. Shame and social isolation
4. Individuals not seeking help for their addiction
5. Insufficient treatment capacity
6. Health care coverage & reimbursement disparities
7. Non-evidence based treatment
8. Criminalization of people with SUD
9. Social and structural barriers to recovery

**7 of the 9
drivers of the
overdose crisis
are driven in
part by stigma**



Shatterproof's White Paper

A white paper with the latest research about stigma, stigma's societal impact, and the subsequent strategy to address it. Freely available on shatterproof.org, it went through an independent, blinded, and academically rigorous expert peer review facilitated by the National Academy of Medicine.

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SHATTER
PROOF.

A Movement to End Addiction Stigma

Addressing opioid use disorder stigma: The missing element of our nation's strategy to confront the opioid epidemic





Addiction Stigma

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.



Types of Stigma

Public Stigma

Society's negative attitudes towards a group of people creating environments where individuals feel unwelcome, judged, shamed, and/or blamed. This also includes stigma towards MOUD.

Structural

Stigma

Systems-level discrimination caused and codified by institutional policies and/or dominant social norms.

Self-Stigma

Where individuals accept societal stereotypes and experience reduced self-esteem and self-efficacy.



Stigma Begins With...



Examples include beliefs about **competence or dangerousness** that drive desire for **social distance** and **discriminatory attitudes and behaviors**.



Labeling

Stereotyping

Separation (distancing)

Status loss

Discrimination

Stigma Components



Other Ways of Conceptualizing Stigma

Traditional prejudice

Social distance

Internalized prejudice

Perceived discrimination



Components of Social Stigma

Blame

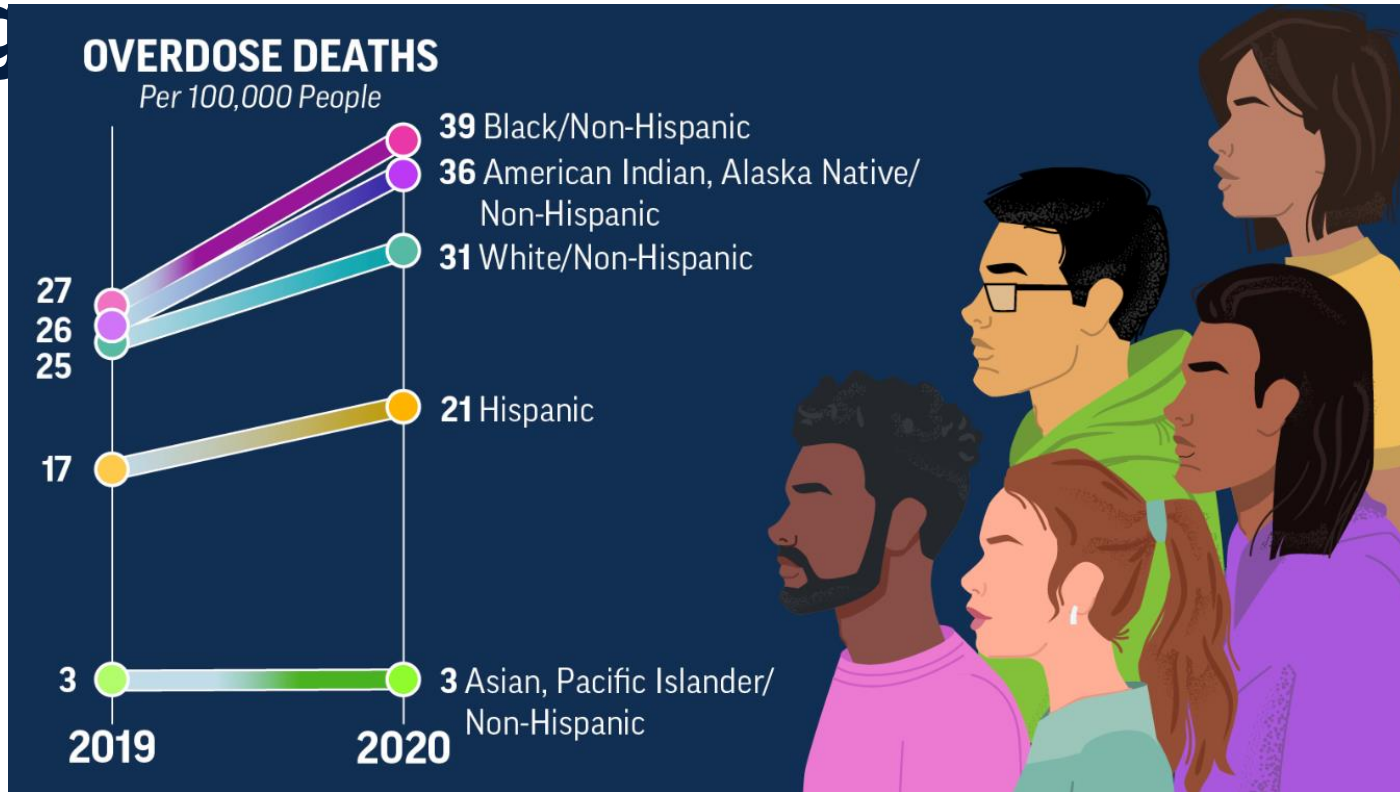
Fatalism

Social Distance

Dangerousness

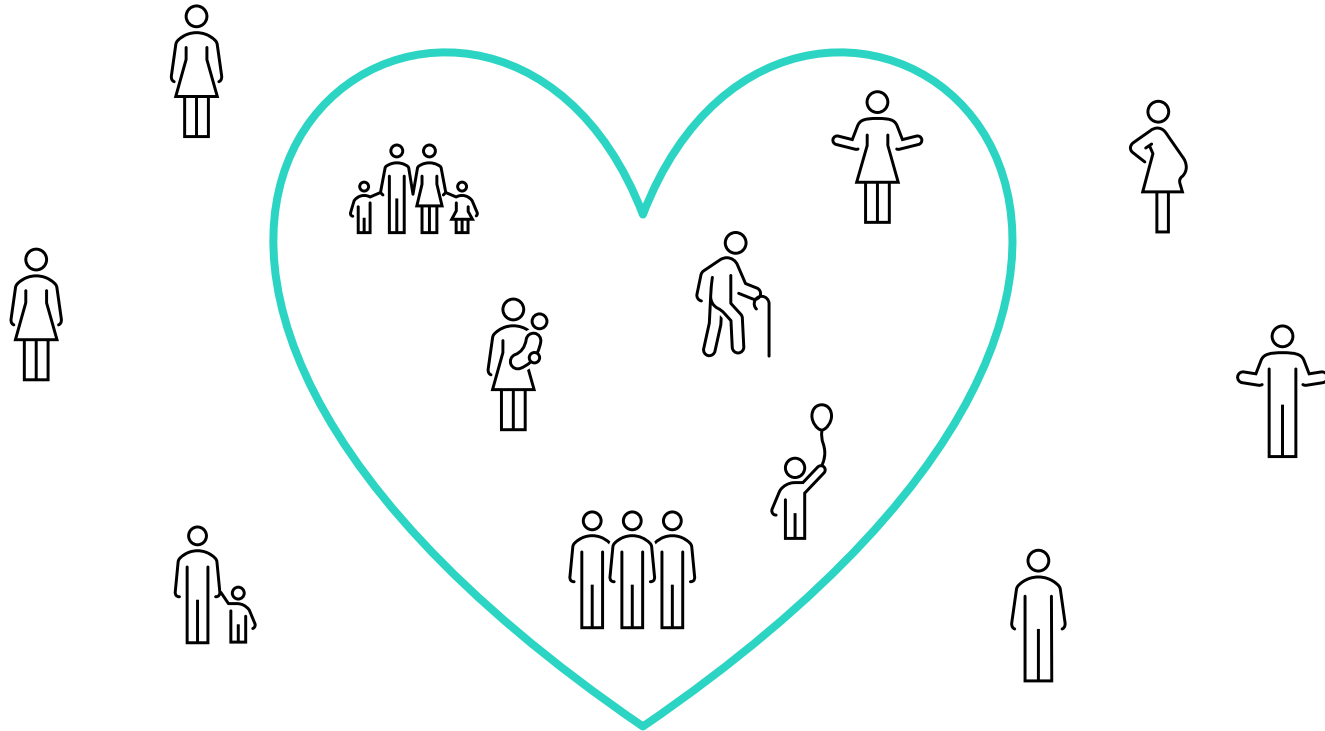


A Note on Race, Ethnicity, and Stigma





Stigma manifests as discrimination and isolation.





The Shatterproof Addiction Stigma Index (SASI)

The Addiction Stigma Index

In partnership with Drs. Brea Perry and Anne Krendl at IU and the global marketing firm Ipsos, Shatterproof developed and released the SASI, which:

- Is a first-of-its-kind measurement tool designed to assess attitudes about substance use and people who use substances from the public (public and structural stigma).
- Measures the perceptions of those with SUD, including the degree in which they have internalized this exclusion (self-stigma).
- Comprised of more than 50 validated stigma measures issued to a representative sample of 7,889 U.S. residents.



SASI Methodology

Utilizes Indexes

An index measures change in a representative group of individual data points. The SASI has three stigma indices that measure public, structural, and self-stigma.

Measuring Change

Measuring change in this composite manner sets a baseline and enables comprehensive progress measurement – a vital component of stigma reduction.

Vignette Strategy

Utilizes a vignette strategy, which enabled a review of how stigma varied by substance type and recovery status.

“You’re going to read a description about a person – let’s call him John. After you read the description of him, you will answer some questions about how you think and feel about him. There are no right or wrong answers. We are only interested in what you think of him.”



Why a Vignette Strategy?

- **Neutral Tone** – avoids provoking immediate bias
- **Real SUD Profile** – elicits reactions based on real SUD symptoms
- **Behavior vs. Label** – standardizes the type of person
- **Experimental Manipulations** – replicates how a typical person would interact with someone with SUD



Stigma Scales

Public Stigma Scale

A 14-item scale that measure stigmatizing attitudes and beliefs about people with substance use disorders, including indicators of traditional prejudice and preference for social exclusion.

Structural Stigma Scale

A 5-item scale that measures support for discrimination against people with substance use disorders in major social institutions.

Stigma against medications for opioid use disorder is a subset of the public stigma scale

Self-Stigma Scale

A 15-item scale that measures internalization of stigmatizing attitudes and beliefs about substance use and resulting negative emotions and opinions of oneself.



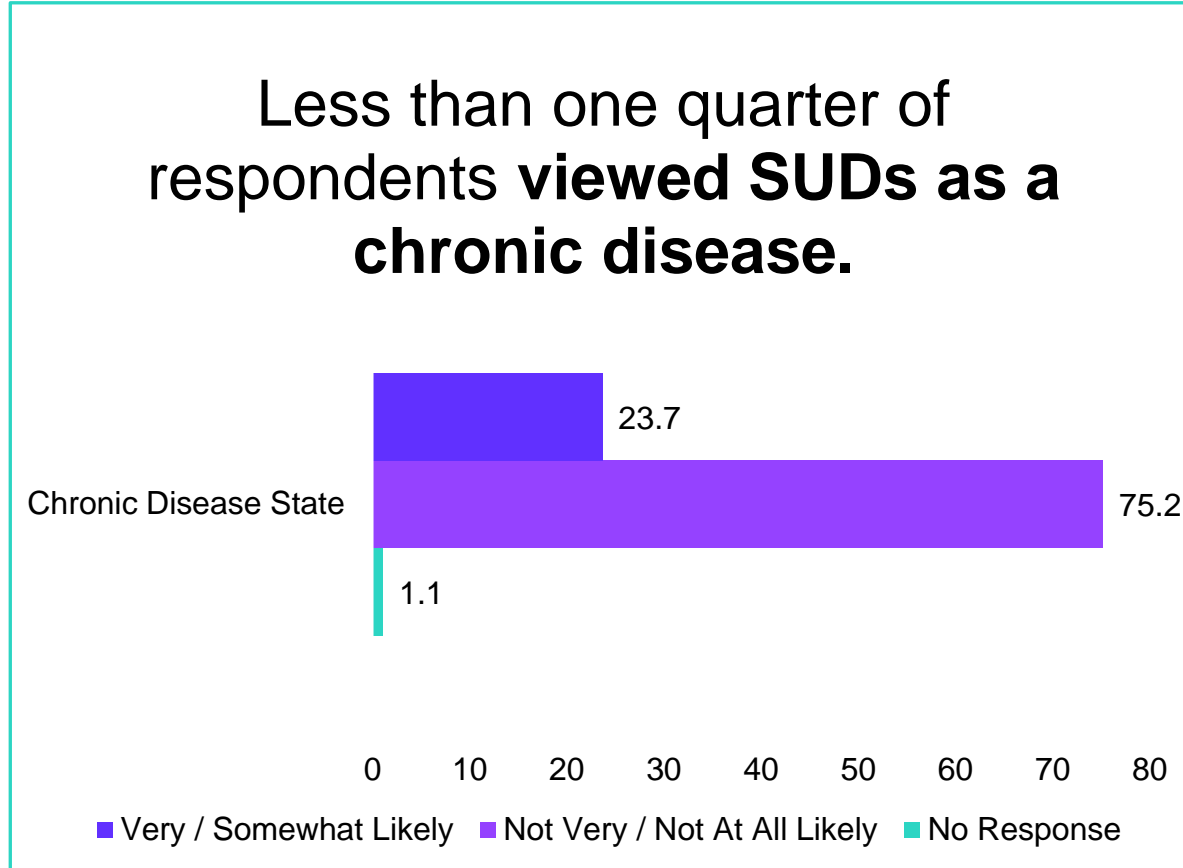
What Else Can We Learn?

- Diagnostic labeling – what is John experiencing?
- Causal attributions – what is John's SUD caused by?
- Desire for social distance – what level of proximity to John is acceptable?
- Traditional prejudice – what do we believe about John as a person?



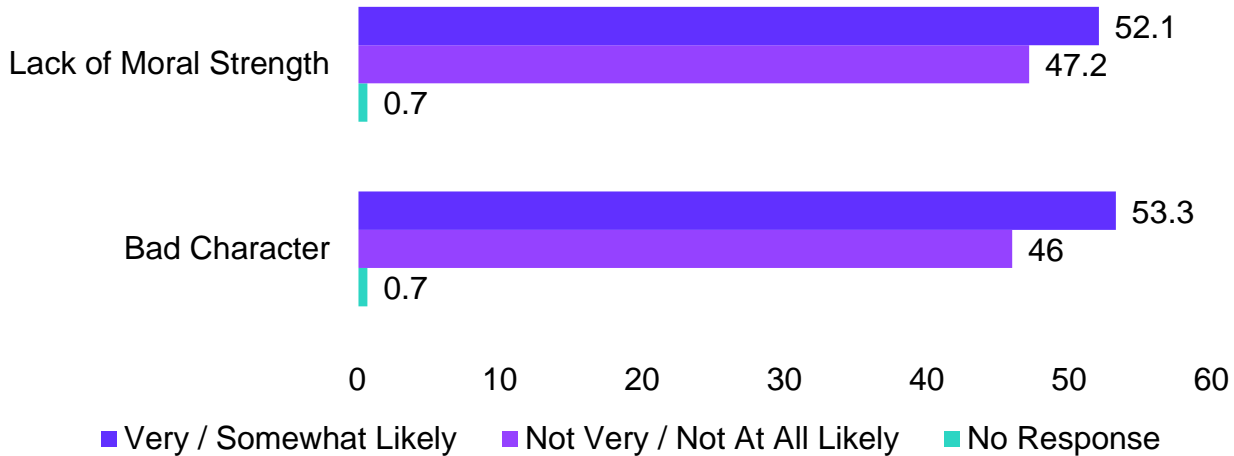
SASI Results of Interest

Less than one quarter of respondents **viewed SUDs as a chronic disease.**



SASI Results of Interest

Over half of respondents hold the beliefs that SUD is caused by **bad character** or **lack of moral strength**.



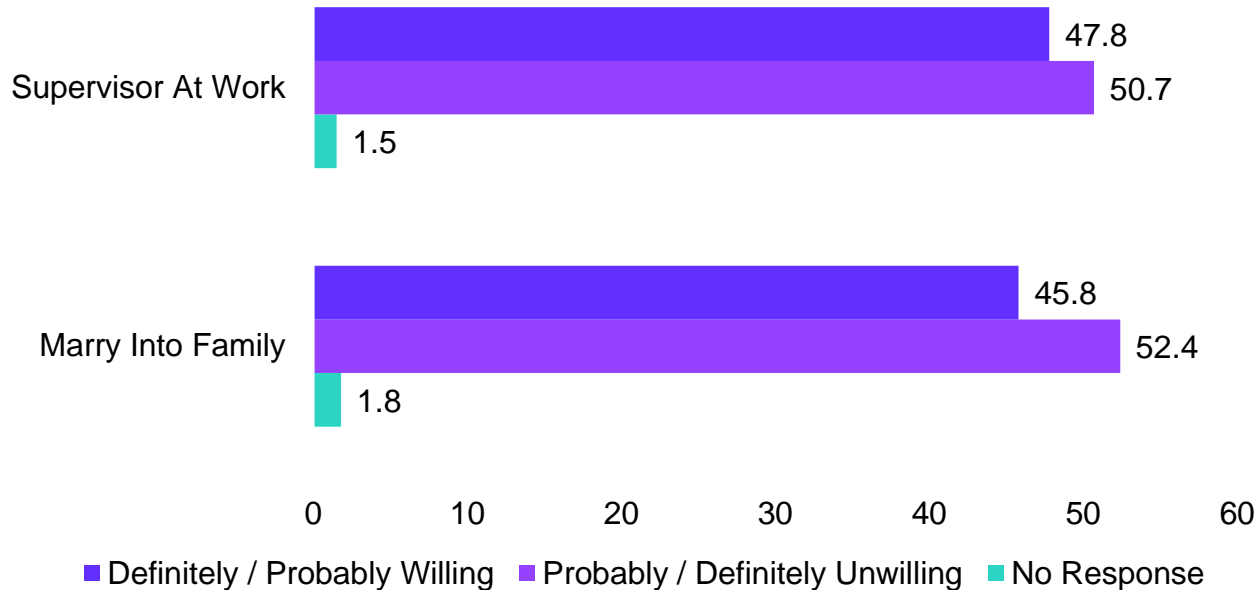
SASI Results of Interest

Almost half the public is unwilling to **move next door to or be close personal friends with someone with SUD.**



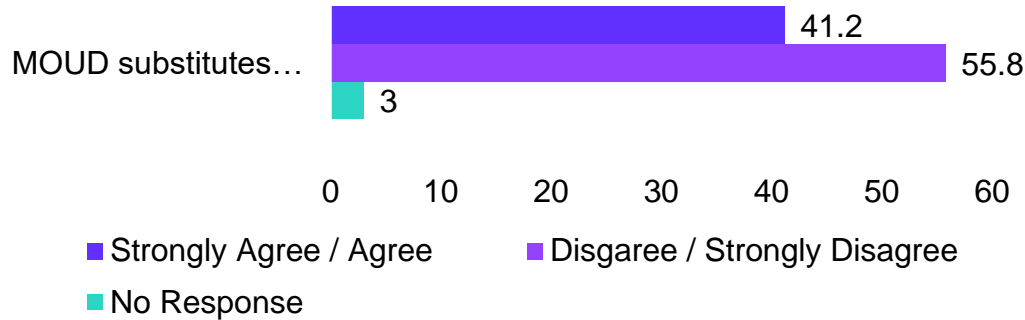
SASI Results of Interest

Stigma persists even when a person is in **long-term recovery**.



SASI Results of Interest

Over 40% of respondents viewed **medications for opioid use disorder** as simply substituting one addiction for another.





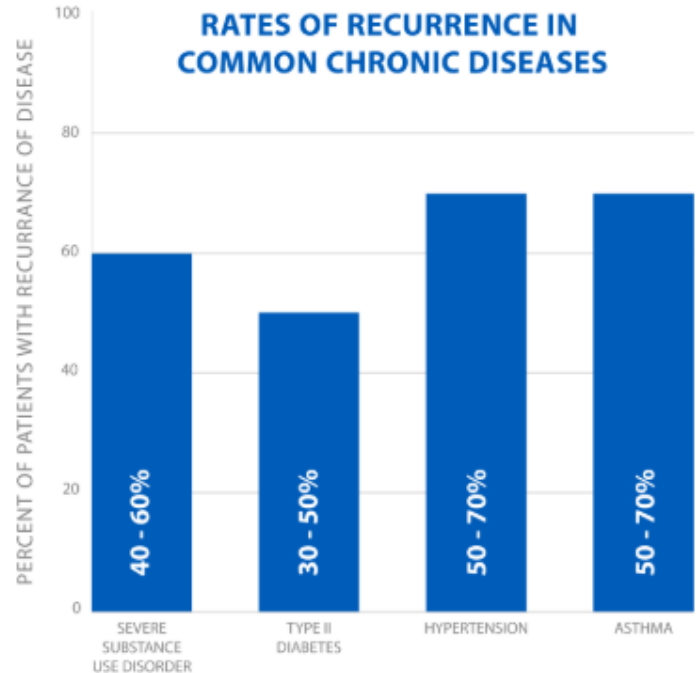
Addiction Stigma and Healthcare Professionals

How Does Addiction Stigma Manifest in Clinical Practice?

Substance use disorders are treated as an acute illness associated with moral failing.

In reality:

- SUDs are driven by genetic and environmental factors
- Rates of recurrence very similar to other chronic diseases



Healthcare Professionals and SUD Stigma

Shatterproof's Addiction Stigma Index identified the following:



65% of healthcare professionals falsely believe that **SUD is not a chronic disease.**



44% of healthcare professionals would be unwilling **to move next door** to someone with SUD, and **47%** would be unwilling to have a person with SUD **as a close friend.**

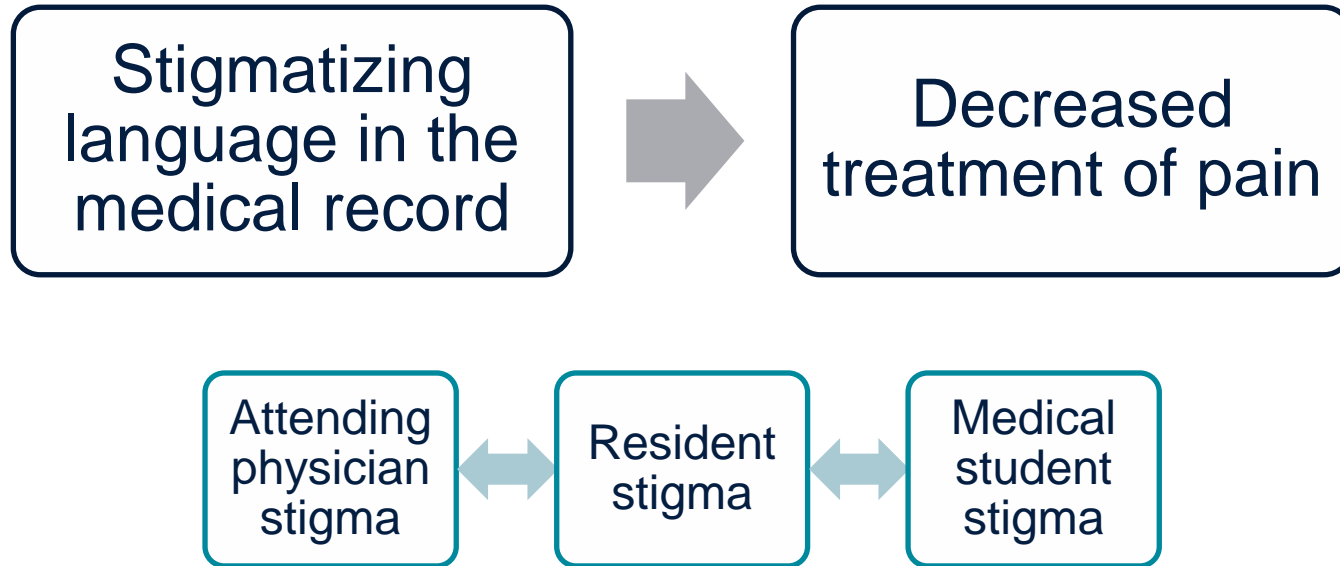


45% of healthcare professionals endorsed the harmful belief that use of **MOUDs is substituting one drug for another.**



How Does Addiction Stigma Manifest in Clinical Practice?

Health professionals have a negative attitude towards patients with SUDs.



Stigma and Healthcare

- The healthcare system is not designed to support individuals with SUDs
- Attitudes toward individuals with SUDs tend to decline during residency training and negatively affect patient care
- Access to treatment and care is even more challenging with BIPOC communities

BUT...
Attitudes toward individuals with SUDs improved after taking an online training module



An Example...

Words shape how we view people and how we treat them

**“an individual with substance use
disorder”**
VS
“substance abuser”

Clinicians more likely to say the patient was personally responsible for their illness and support punitive action.



What Does Action Look Like?

Use person-first & recovery-centered language



Identify & eliminate structural barriers



Sympathetic narratives – sharing stories



Incorporate stigma awareness & reduction trainings





Addiction Stigma and Law Enforcement Profesionals

What We Know

- Officers hold similar types of stigma as the general population (social distance, competence, dangerousness, blame).
- Officers' attitudes and beliefs impact decisions to arrest or not, to link to services or not.
- Officers who conceptualize SUD as a medical condition and as a public health matter are more likely to refer to treatment.



Police Stigma toward People with OUD

- Conducted in a Midwestern state; departments stratified across rural/urban and small/medium/large lines.
- Stigmas associated with unreliability, competence, and dangerousness were noted.
- Majority supported full return to duty for fellow officers with SUD.
- Varied along demographic lines – details to follow when study is published.



Addiction Stigma Reduction Interventions with the Justice System

Combating Stigma to Aid Reentry and Recovery (C-STARR): A Behavioral Intervention to Reduce the Stigma of Addiction and Criminal Involvement (Kelly E. Moore)

- Ending Self-Stigma for Justice-Involved Populations Being Treated with Medications for Opioid Use Disorder (Shannon Gwin Mitchell and Alicia A. Lucksted)
- REMIND: Recognizing and Engaging Mental Health in Indigent Defense (Jennay Ghowrwal and Cassie Wicken)



Opportunities for Action

Use person-first & recovery-centered language



Identify & eliminate structural barriers



Sympathetic narratives – sharing stories



Incorporate stigma awareness & reduction trainings





Key Components

Key Components of Stigma Reduction

Tailored
Messaging

Contact
Based
Strategies

Person-first
Language
Education

Continuous
Evaluation

Collective
Impact





Q&A

Thank you!

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Additional Stigma Resources

[Shatterproof White Paper: A Movement to End Addiction Stigma](#)

[Shatterproof Addiction Language Guide](#)

[Shatterproof Addiction Stigma Index](#)

- First-of-its-kind research tool confirms stigma, discrimination deepen addiction as a public health crisis

[Changing the Narrative](#)

- A network of reporters, researchers, academics, and advocates concerned about the way media represents drug use and addiction.

[Reducing Stigma Education Tools \(ReSET\)](#)

- Need to make an account, but it is free
- The aim of these modules is to help health care providers confidently identify and address stigma surrounding opioid use disorder, to ensure the delivery of equitable and compassionate health care for all patients living with opioid addiction.

