The Role of Prevention Practitioners in Addressing and Reducing Stigma

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3:45 – 5:15 P.M.

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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

Leadership might treat me differently.

Getting help could harm my career.

I will be seen as weak.
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

- Will I get infected?
- I don’t know enough about this condition
- These patients engaged in risky behavior
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**

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**HOW STIGMA IMPACTS RECOVERY**

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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

Mean of Subscale Score

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
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.
<table>
<thead>
<tr>
<th>Intrapersonal</th>
<th>Interpersonal</th>
<th>Structural</th>
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<tbody>
<tr>
<td><strong>Stigmatized Groups</strong></td>
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<td>Education and counseling</td>
<td>Information-processing (didactic small group)</td>
<td>Communicating diversity values (identity threat can deter people from education employment. Interventions that signal value and inclusivity.</td>
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<td>Expressive-writing</td>
<td>Community-based rehabilitation – integrating into community</td>
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<td>Belonging</td>
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<td>Values Affirmation</td>
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<td><strong>Non-stigmatized</strong></td>
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<tr>
<td>Education - Countering stereotypes, myths, misperceptions</td>
<td>Information-processing - Interact with stigmatized groups to promote trust.</td>
<td>Advertising, mass media, and educational interventions</td>
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<td>Intergroup contact – with stigmatized groups, especially when follows an education program</td>
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<td><strong>Policy</strong></td>
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<td>Laws protecting groups, same sex marriage leads to lower medical and mental health visits</td>
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Roles for Prevention to Address Ideas, Beliefs, and Actions that Elicit or Perpetuate Stigma

Addiction / MH

Use, Misuse, Substance Use Disorders

Roles for PREVENTION PROMOTION

Healthcare

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?
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

Process Designer

Facilitator

Provocateur

Implementer

Organizer

Coordinator

Leader
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

Grief
Anxiety
Phobia
Post-Traumatic
Stress
Stress
Shame
Depression
Panic
Resources


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.
Who is Involved?

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