

A circular frame containing a blurred image of a person in a red garment looking into a mirror. The person's face is distorted, appearing elongated and stretched, which visually represents the concept of a 'distorted mirror'.

WELCOME

Stigma

The Mirror That Distorts



Northwest (HHS Region 10)

PTTC

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

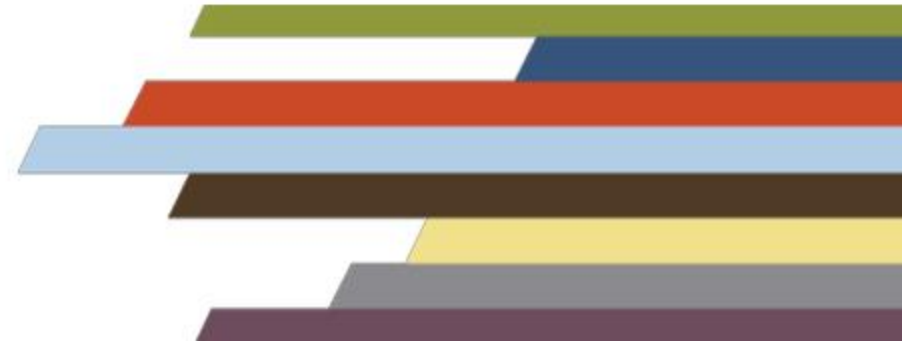


Stigma

The Mirror That Distorts

Nigel Wrangham, CADC II, CPS

Eugene, OR





www?

TIMELINESS

**COVID era has brought increase in
trauma fueled behaviors and
polarization = STIGMA**



POSITIVE IMPACT

Addressing stigma with tools now will mitigate and reverse some of the current harms





And YOU Requested it



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The Northwest PTTC is a partnership led by the Social Development Research Group (SDRG) at University of Washington (UW) School of Social Work in collaboration with the Prevention Science Graduate Program at Washington State University (WSU), and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR).

Northwest partnering institutes share a vision to expand the impact of community-activated prevention by equipping the prevention workforce with the power of prevention science.



Prevention Science
Graduate Program
WASHINGTON STATE UNIVERSITY



Disclaimer

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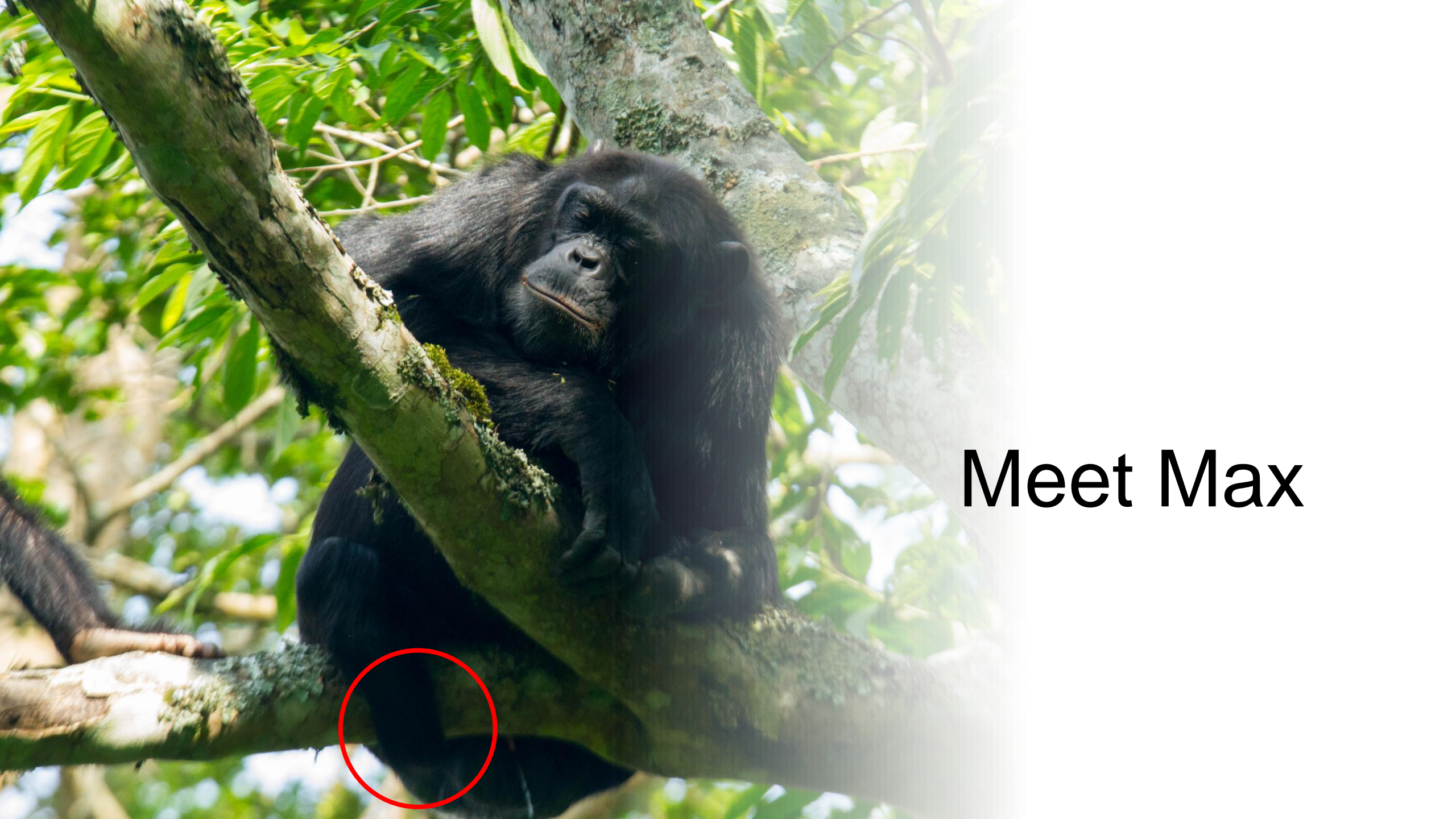
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Context, Triggers, and Trauma



Meet Moon



Meet Max

STIGMA: Two Complimentary Definitions

“A strong feeling of disapproval that most people in a society have about something, especially when this is unfair.”

(Cambridge Dictionary of the English Language, 1999.)

“An attribute, behavior, or reputation that is socially discrediting, and substance-related problems appear to be particularly susceptible to stigma.”

(International Journal on Drug Policy, 2010
John F. Kelly, Cassandra M. Westerhoff)

Stigma Can *Impact Recovery*

- *Reduce* willingness to seek professional support
- *Cause* reluctance and aversion to attend treatment
- *Limit* access to healthcare, housing, aftercare, community support, and employment



Impacts on Stigmatized Populations ...

Increase adverse outcomes

Diminish self-esteem

Affect personal relationships at a time they are needed most

Increase involvement in risky behavior



Let's Look at Identities...



Which of These Do I Think About the Most?



POLL 1

Which of These Do I Think About the Least?

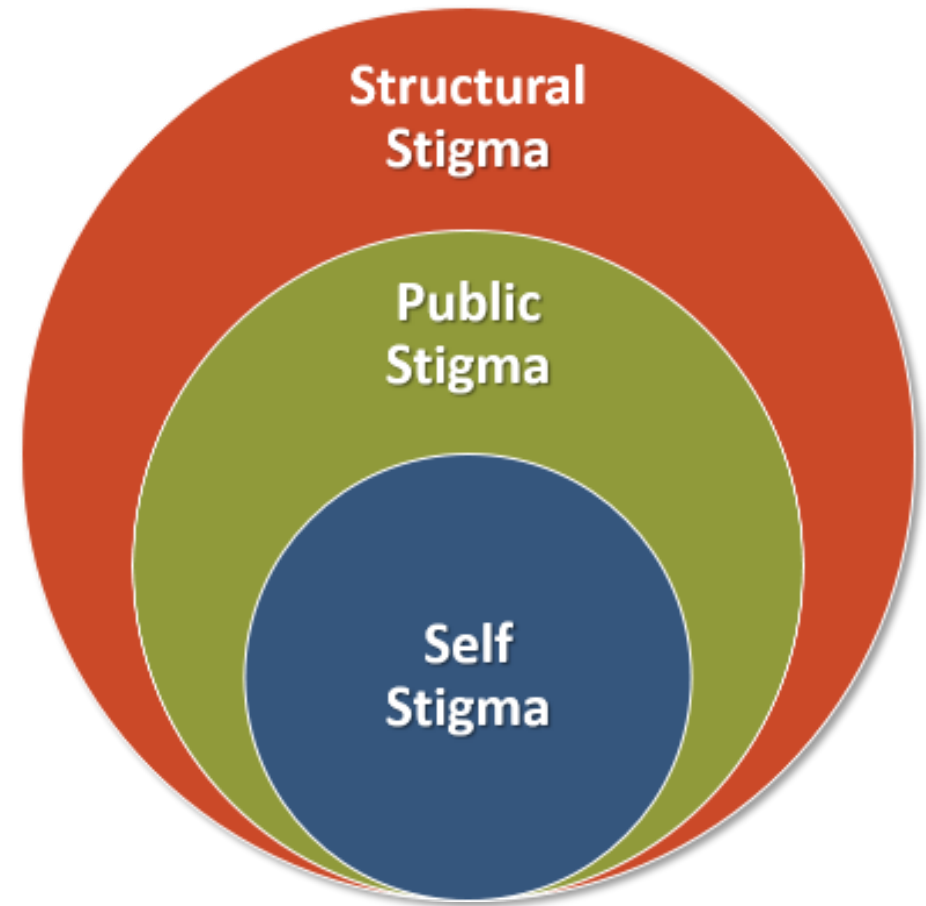


Which of These Do I Feel the Most Supported and Included in?



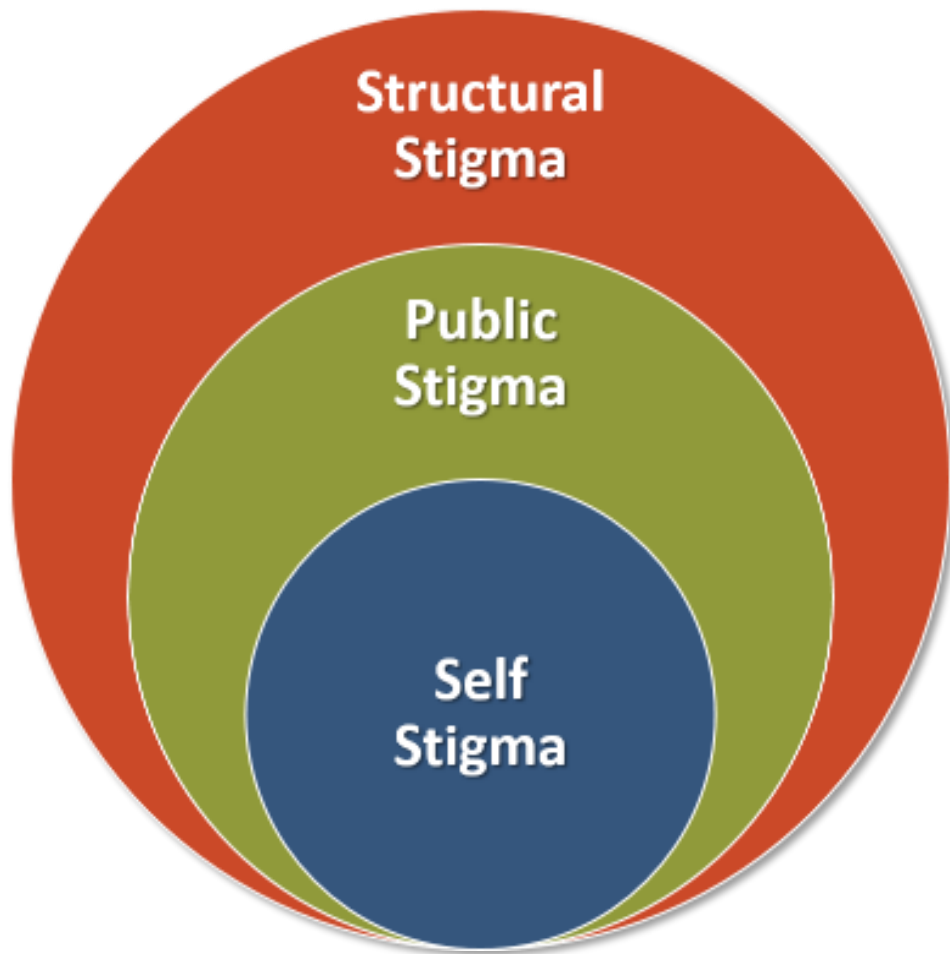
Stigma on Three Levels

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).



(National Academies Press, 2016)

Stigma on Three Levels - 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

(National Academies Press, 2016)



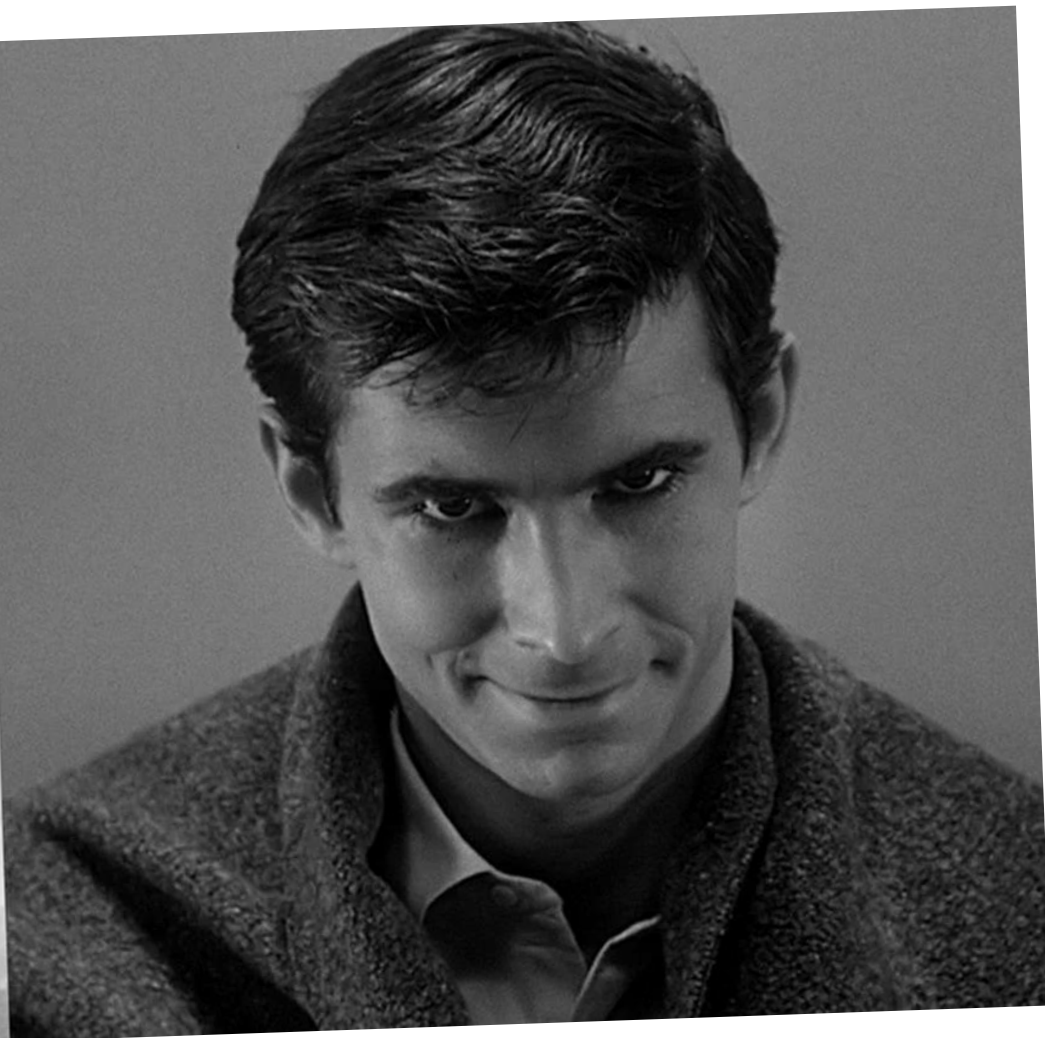
STIGMA: As American as Apple Pie*

*Which of course isn't even American...









Which of These Do I Feel the Most Alone In?



STIGMA: More Than Just *Stereotyping*

(Ideas and attitudes that generalize and label groups)



Oh, those pitbulls... You know how they are...



STIGMA: More Than Just *Prejudice*

(Endorsing and promoting harmful beliefs within stereotypes)



They're dangerous. They
always attack.
They are totally unpredictable.



STIGMA: More Than Just *Discrimination*

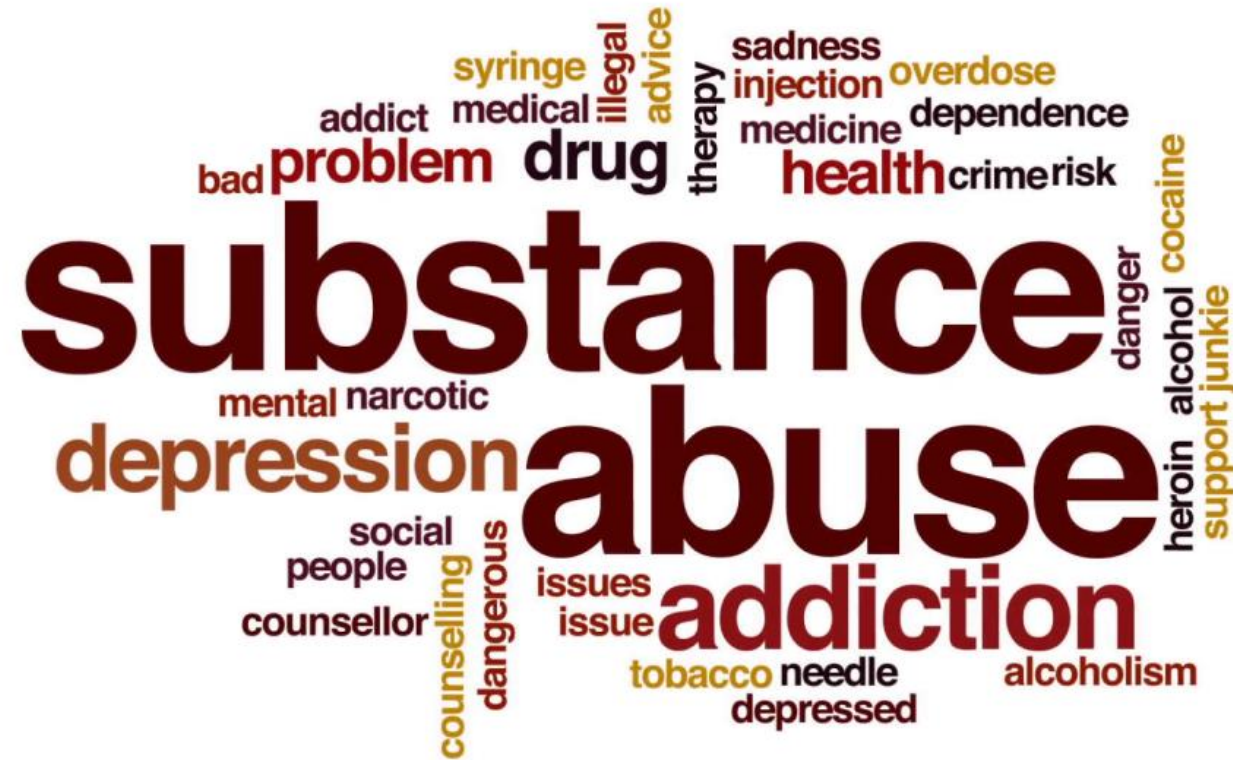
(Practices and behaviors that promote inequity toward labeled groups)



***In fact, get 'em out of here!
We don't allow their kind in
this community!***



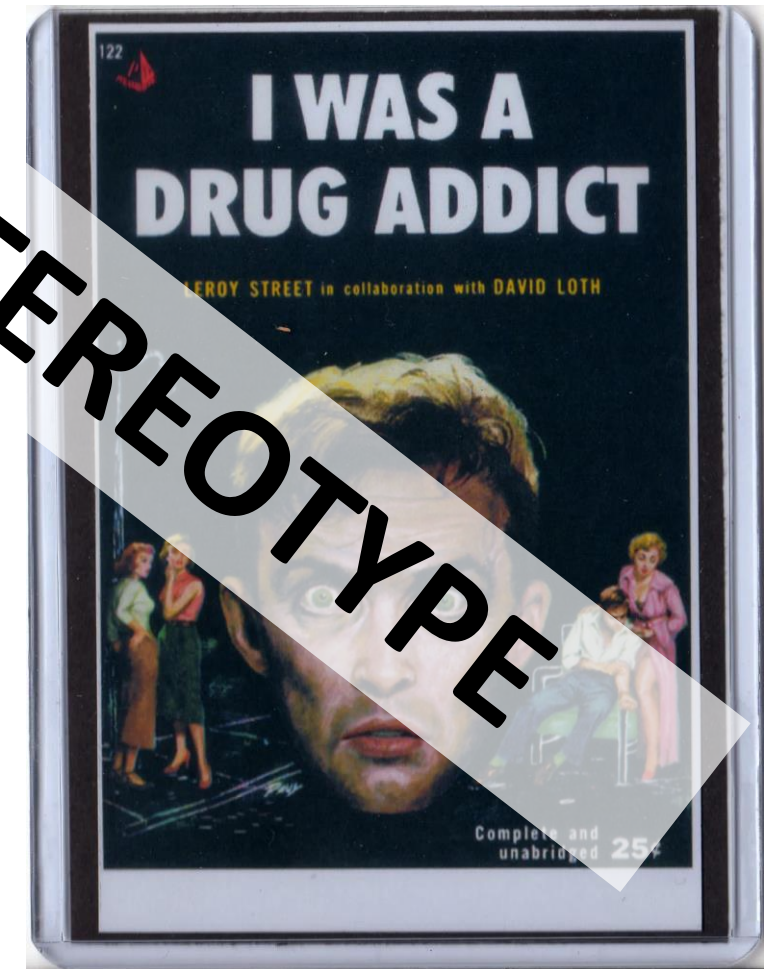
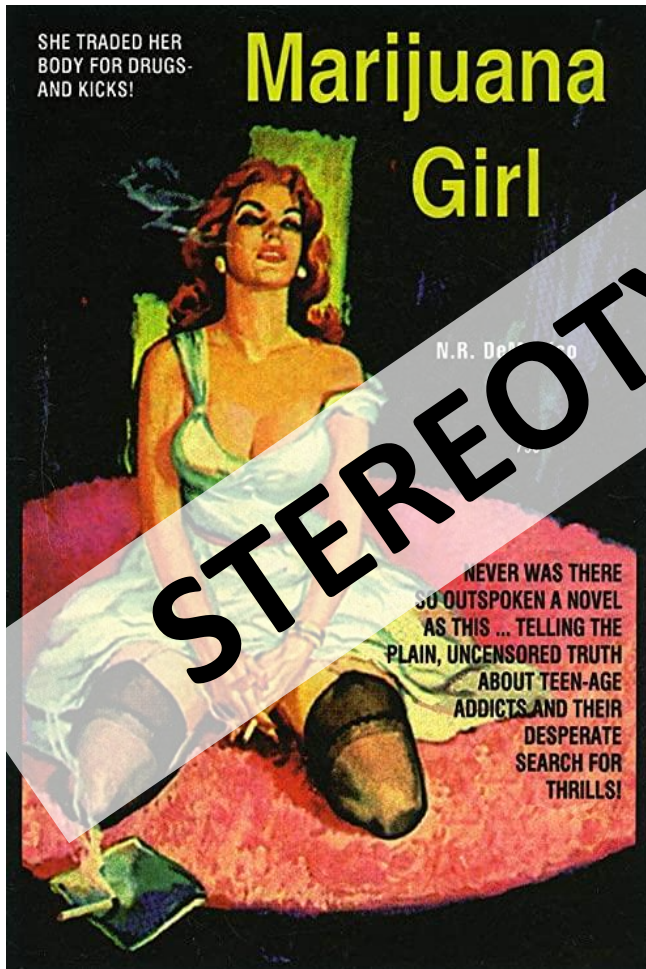
STIGMA: Where All Three MEET and become INTERNALIZED



Which of These Do I Ever Feel Stigmatized About?



What SUD Stereotypes Have Promoted Stigma?



All Substance Users Are:

- Volatile
- Weak-willed
- Violent
- Hyper-Sexual
- Dirty



What SUD *Prejudices* Have Promoted Stigma?

- They could stop if they wanted to
- It's their choice to be that way
- They deserve what they get
- They're not worth "saving"
- They're a lost cause



substance abuse addiction
depression
problem drug health
addiction medical illegal advice therapy sadness overdose injection medicine dependence bad health crime risk
syringe addict mental narcotic danger alcohol cocaine support junkie
social people counselling dangerous issues issue tobacco needle alcoholism depressed
counsellor

To overcome Stigma, start with LANGUAGE

John F. Kelly, PhD, APBB
Founder & Director, Recovery Research Institute. Mass. General Hospital, Boston

A Statement on Language



How we refer to individuals with substance-related conditions and that use of, and exposure to, the “abuser” label may inadvertently elicit and perpetuate stigmatizing attitudes.

(Substance Abuse and Mental Health Services Administration, 2008)

Language Matters (*a lot*), But It Isn't the Whole Story

The word 'abuser' implies volitional acts of willful misconduct, and is associated with things like child abuse.

'substance use disorder' conveys something very different — a medical disorder.

Substance use is the only thing we talk about this way.



Stigmatizing Vs. Non-Stigmatizing Terms

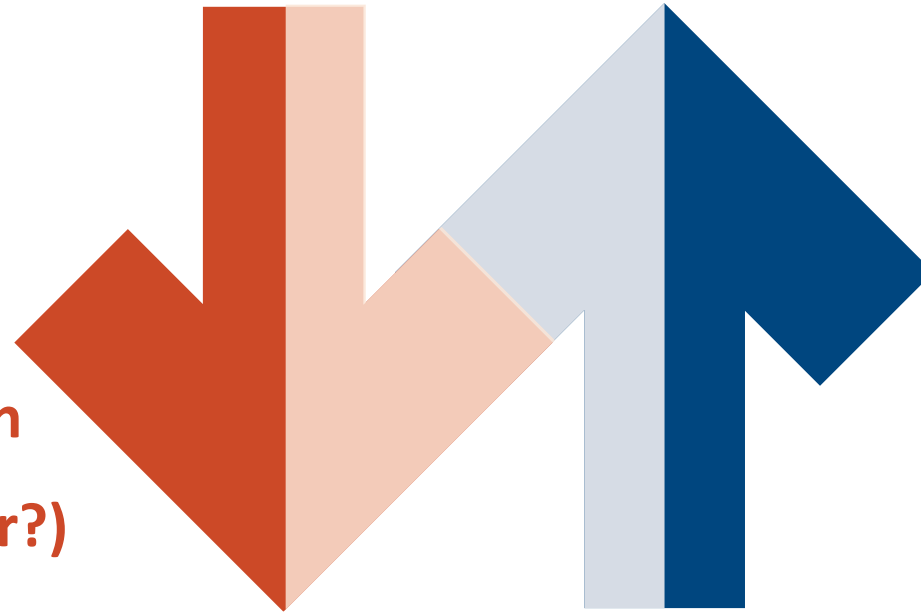
Substance Abuse

Addict, Substance abuser, Junkie

Dirty drug test

Relapse, Off the wagon

Clean, Ex-addict (Sober?)



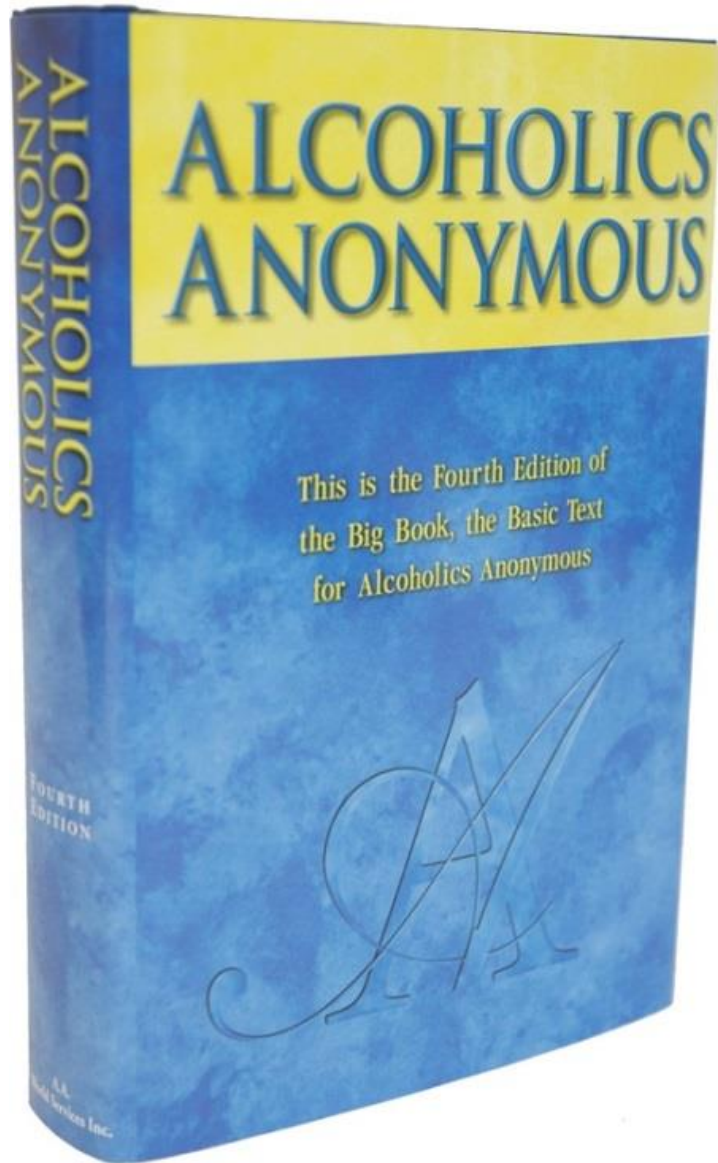
Substance Use Disorder

Person with a substance use disorder

Positive drug screen

Recurrence of use

In recovery, abstinent or in remission



Even Recovery Literature is Not Immune...

“An alcoholic in his cups is an unlovely creature.” (p 16)

“He is often perfectly sensible and well balanced concerning everything except liquor, but in that respect he is incredibly dishonest and selfish.” (p 21)

“Selfishness – self-centeredness! That, we think, is the root of our troubles.” (p 62)

But policing
people's
language often
backfires.

Why?





When someone perceives a personal, denigrating judgment, the natural response is to *resist and retrench*

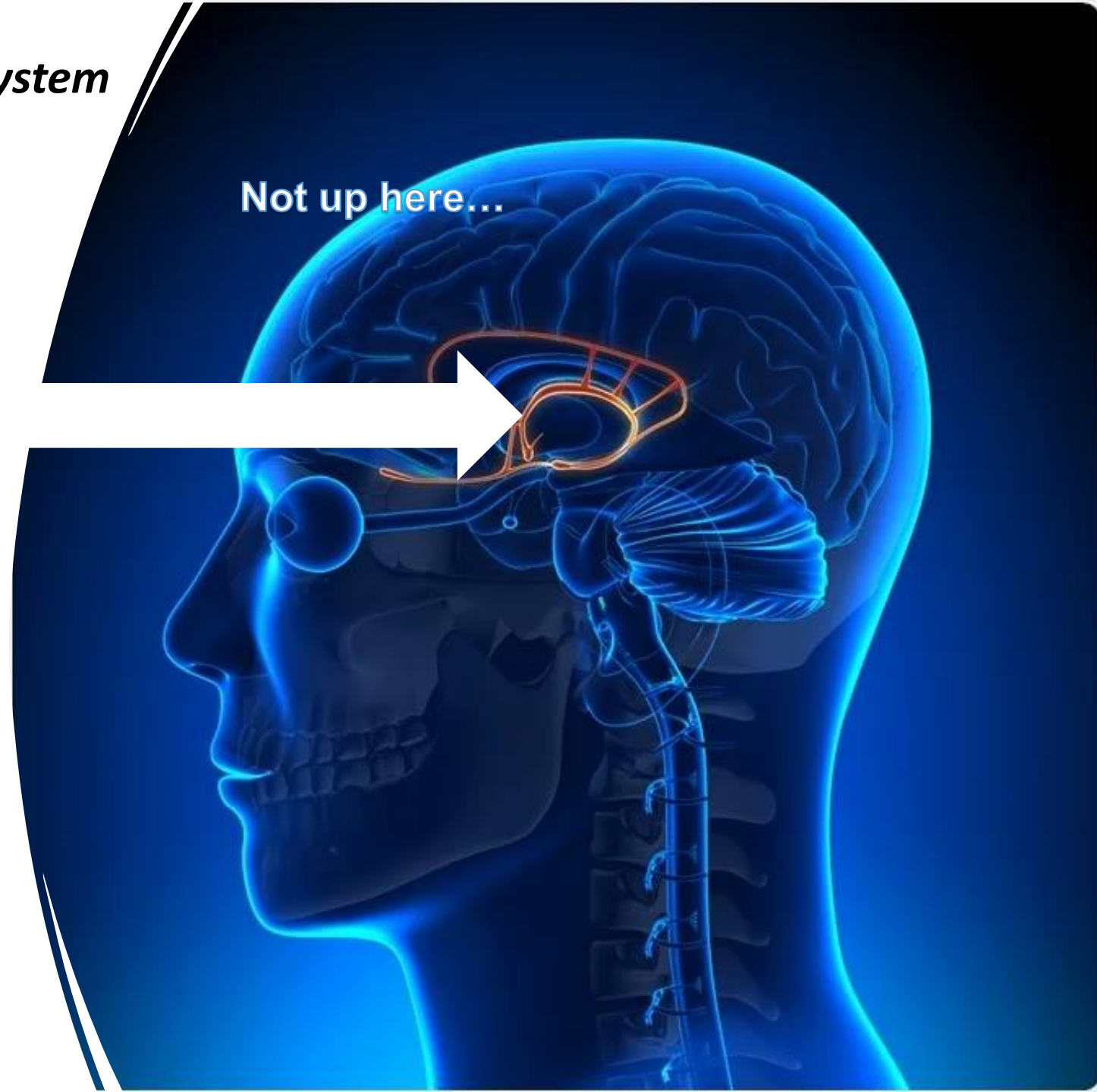


Even Citing Data Often Doesn't Work
WHY NOT?

Because we hold beliefs in the *Limbic System*

- Emotions
- Personal memories
- Appetites
- Drives
- **VALUES**

Data and facts go to the Cerebral Cortex; the Limbic System can reject them if it wants to. And it often wants to.

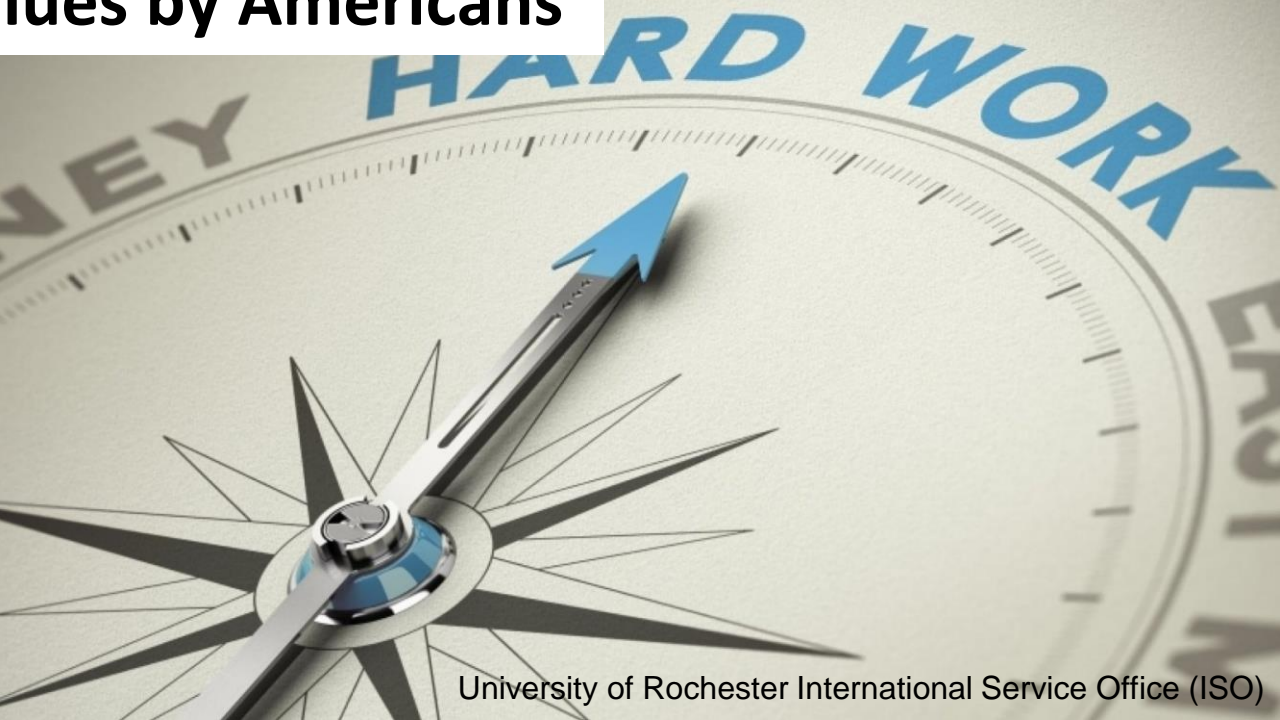


To Overcome
Stigma, Let's
Use the Tool
of Addressing
VALUES





Commonly Held Values by Americans



INDIVIDUALISM

- Personal freedom
- Independence
- Accountability and Responsibility



IMPORTANCE of TIME

- Time as limited commodity
- Time equaling money
- Wasting time as irresponsible/wrong





WORK ETHIC

- Hard work as good/moral
- Laziness as wrong/immoral
- Belief that hard work brings deserved rewards

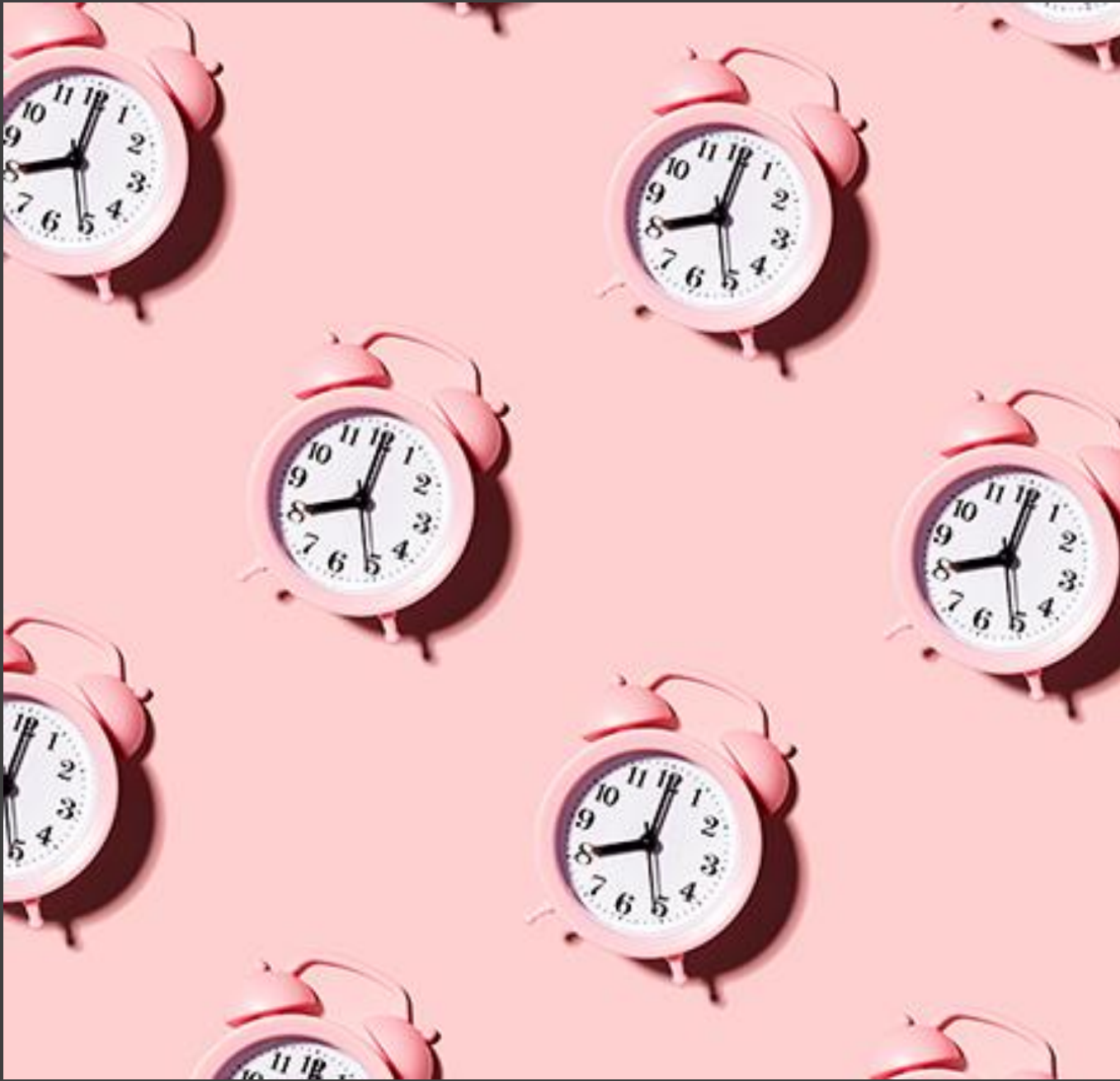


ACHIEVEMENT

- Goal-setting and focus
- Celebrating success
- Encouraging others to achieve



- **Emphasize that the person with an SUD, by seeking help, is demonstrating great individual initiative**
- **Emphasize that the person with an SUD may have unique gifts and skills**
- **Emphasize the courage it takes to seek help and support for an SUD**



- **Emphasize that living with an SUD takes enormous time and energy consumption, and seeking help is a way to value time**
- **Emphasize that the time it takes to complete a treatment episode often pays great time dividends in the end**
- **Emphasize the cost-effectiveness (in time AND money) of prevention, treatment, and aftercare**





- **Emphasize that identifying and treating SUDs with compassion and care creates a stronger workforce**
- **Emphasize the commitment to hard work that is entailed in seeking and undergoing treatment for an SUD**



- **Demonstrate the celebration and sense of accomplishment that is experienced by people in remission from SUD's**
- **Emphasize the sense of pride that is entailed in seeking and successfully completing treatment for an SUD**
- **Emphasize the “Act of Faith” element common to seeking treatment, and the sense of gratitude and “passing it on” that is entailed in recovery**

For structural stigma: VALUES, and addressing community sectors

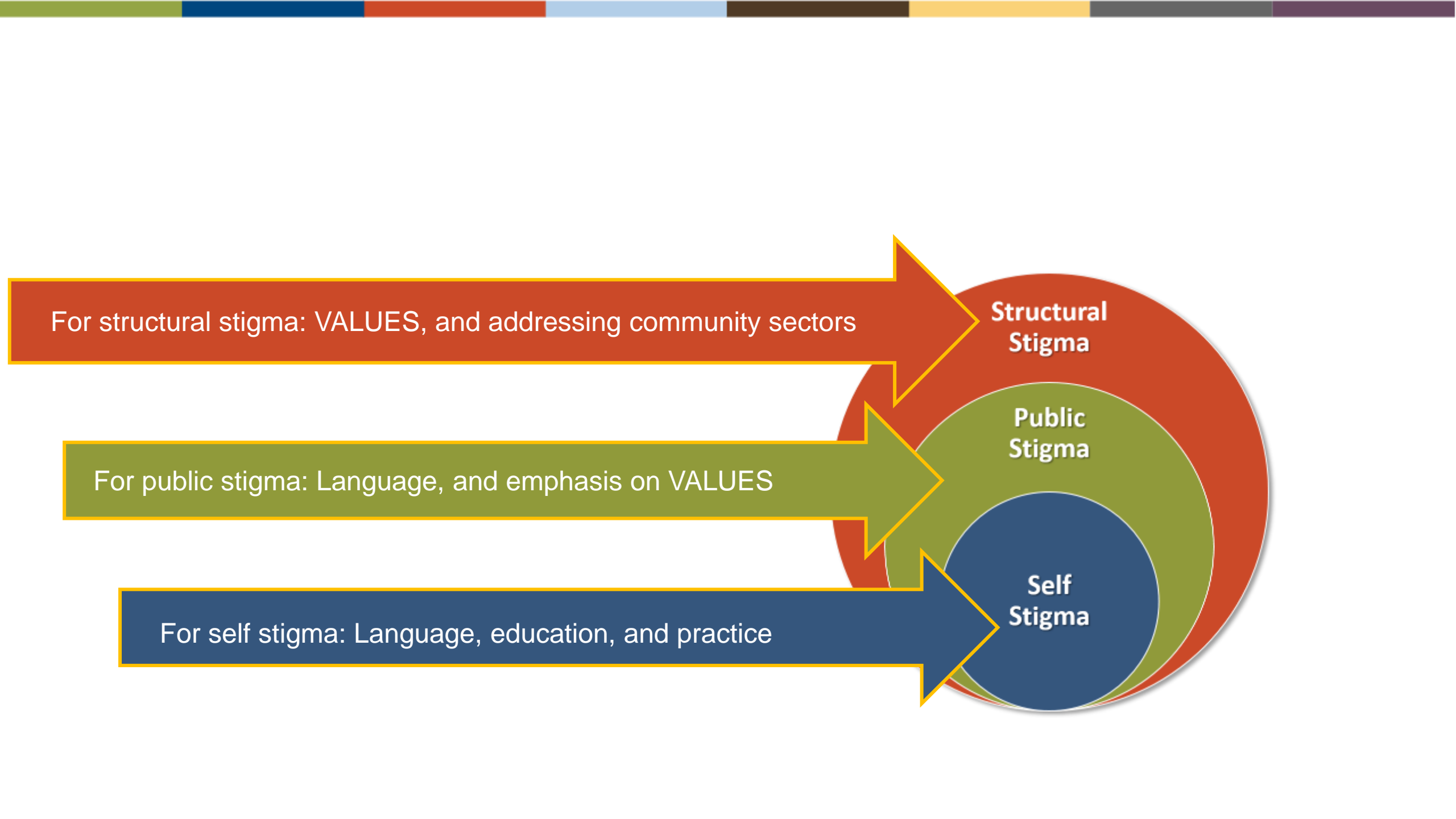
Structural Stigma

For public stigma: Language, and emphasis on VALUES

Public Stigma

For self stigma: Language, education, and practice

Self Stigma



What Works

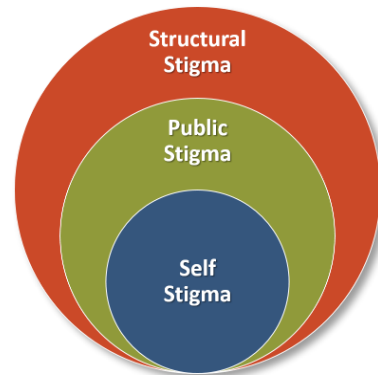
Structural Stigma

Professional Education

Advocacy

Legal

Policy



National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.

What Works

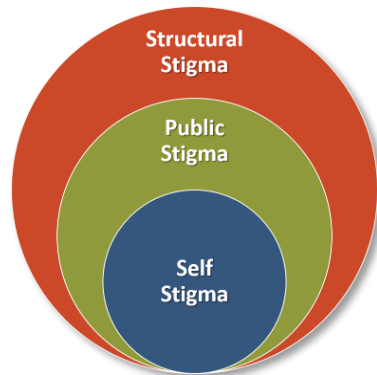
Public Stigma

Mass Media Messaging

Education

Community Programming

Contact Strategies



National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.

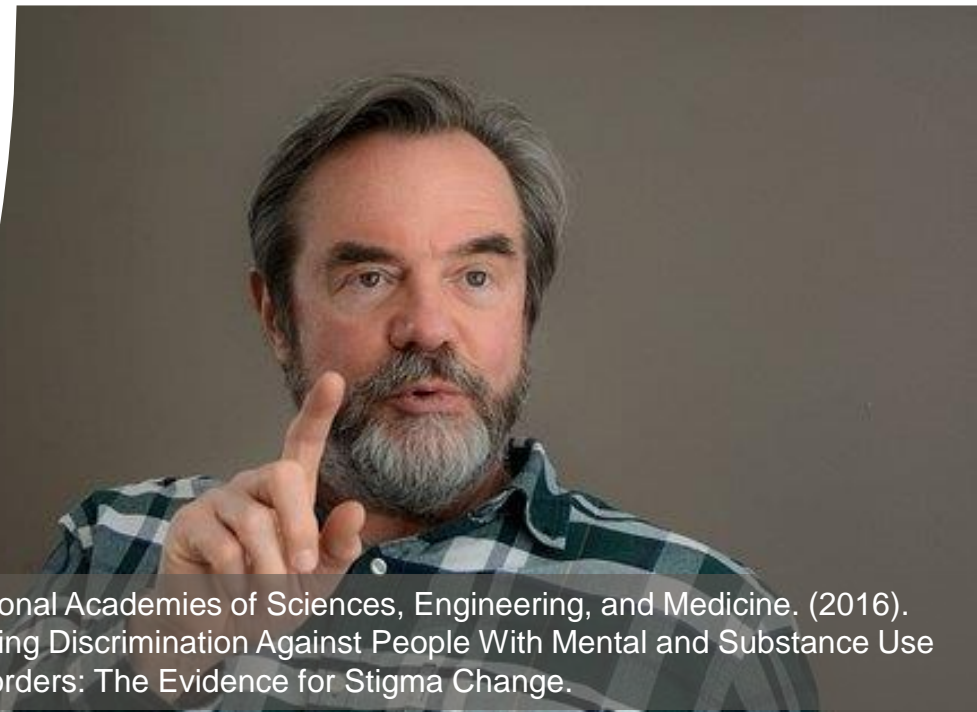
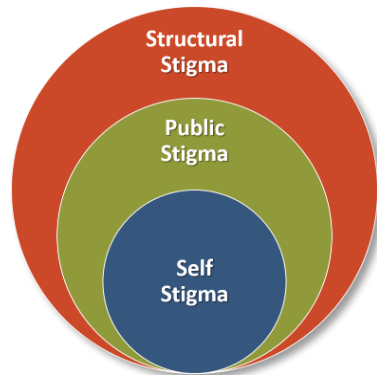
What Works

Self-Stigma

Education

Empowerment

Peer Support



National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.

CRIMINAL JUSTICE SYSTEM

- How much stigmatizing language is codified?
- How much is normed?
- What stereotypes are informing practice?





EDUCATION

- Is non-stigmatizing language being modeled without shame?
- Is the concept of historical stigma and trauma being taught?
- Which VALUES can we link to overcoming stigma around SUD's?

FAITH COMMUNITIES

- Which VALUES can we link to overcoming all stigma?
- What “othering” is a given faith community promoting?
- What scriptural bases exist to identify and overcome stigma?



SUMMING UP

Stigma *traumatizes* its targets; this is especially true when we look at mental health and Substance Use Disorders

SUMMING UP

Throughout our shared history, vulnerable populations and individuals have often been stigmatized and “othered”

SUMMING UP

Stigma exists at the intersection of *stereotypes, prejudice, and discrimination*

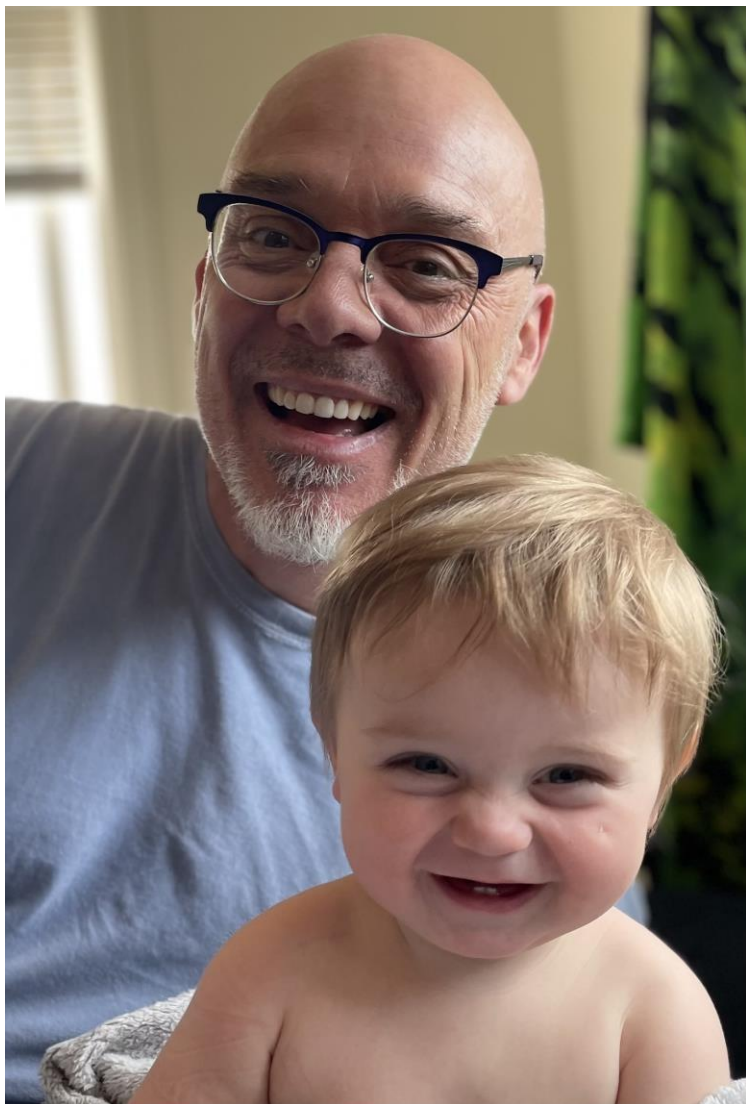
SUMMING UP

Encouraging non-stigmatizing language can help overcome stigma, but addressing and confirming VALUES is more impactful



Stigma may be inherent... But so is RESILIENCE





Thank You!



Nigel Wrangham, CADC II, CPS
503.887.3078

nigel@nigelstrategies.com

Sources:

Center for Health Enhancement Systems Studies at the University of Wisconsin, Madison WI

Recovery Research Institute. Mass. General Hospital, Boston MA

United States Substance Abuse and Mental Health Services Administration (SAMHSA), Rockville MD

Alcoholics Anonymous World Services, Inc. New York, NY

University of Rochester International Service Office (ISO), Rochester NY

Kibale Chimpanzee Project, Harvard University, Cambridge MA and Fort Portal Uganda