WELCOME

Stigma

The Mirror That Distorts
Stigma

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Why?
TIMELINESS

COVID era has brought increase in trauma fueled behaviors and polarization = STIGMA
Addressing stigma with tools now will mitigate and reverse some of the current harms

POSITIVE IMPACT
And YOU Requested it
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.
Disclaimer

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Context, Triggers, and Trauma
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. Westerhof)
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...

1. My Gender
2. My Culture
3. My Educational Background
4. My Credentials
5. My Physical Wellness
6. My Mental/Emotional Wellness
Which of These Do I Think About the Most?

1. My Gender
2. My Culture
3. My Educational Background
4. My Credentials
5. My Physical Wellness
6. My Mental/Emotional Wellness
Which of These Do I Think About the Least?

1. My Gender
2. My Culture
3. My Educational Background
4. My Credentials
5. My Physical Wellness
6. My Mental/Emotional Wellness
Which of These Do I Feel the Most Supported and Included in?

1. My Gender
2. My Culture
3. My Educational Background
4. My Credentials
5. My Physical Wellness
6. My Mental/Emotional Wellness
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)
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?

1. My Gender
2. My Culture
3. My Educational Background
4. My Credentials
5. My Physical Wellness
6. My Mental/Emotional Wellness
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?

1. My Gender
2. My Culture
3. My Educational Background
4. My Credentials
5. My Physical Wellness
6. My Mental/Emotional Wellness
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
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
“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 self stigma: Language, education, and practice

For public stigma: Language, and emphasis on VALUES

For structural stigma: VALUES, and addressing community sectors
What Works
*Structural Stigma*

Professional Education
Advocacy
Legal
Policy

What Works
Public Stigma

Mass Media Messaging
Education
Community Programming
Contact Strategies

What Works

Self-Stigma

Education

Empowerment

Peer Support

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?
Stigma *traumatizes* its targets; this is especially true when we look at mental health and Substance Use Disorders.
Throughout our shared history, vulnerable populations and individuals have often been stigmatized and “othered”
Stigma exists at the intersection of stereotypes, prejudice, and discrimination
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!

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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