Central East (HHS Region 3)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

2023 EDITION

ANTI-STIGMA TOOLKIT:

A GUIDE TO REDUCING BEHAVIORAL HEALTH DISORDER STIGMA

A toolkit for behavioral health prevention and treatment providers, recovery community organizations, and individuals in recovery with practical information and tools to enhance their capacity to engage in effective stigma reduction efforts

Authored originally by Mim Landry
Revised by Robert D. Ashford & Jenna Neasbitt

SAMHSA
Substance Abuse and Mental Health Services Administration

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

Using affirming language to promote the application of evidence-based and culturally informed practices.

The Danya Institute

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About Technology Transfer Centers:

Central East (HHS Region 3)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East ATTC supports regional activities focused on preparing tools needed by practitioners to improve the quality of service delivery. Additionally, ATTC supports regional activities focused on providing intensive technical assistance to provider organizations to improve their processes and practices in delivering effective substance use disorder treatment and recovery services.

Website: **https://attcnetwork.org/centraleast**

Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East MHTTC works with organizations and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals, including the full continuum of services spanning mental illness prevention, treatment, and recovery support. The MHTTC also provides technical assistance and training to states and local school districts on the implementation of evidence-based mental health service provision.

Website: **https://mhttcnetwork.org/centraleast**

Central East (HHS Region 3)
PTTC Prevention Technology Transfer Center Netw
Funded by Substance Abuse and Mental Health Services Adminis

Central East PTTC aims to strengthen and support the prevention workforce by adopting and implementing evidence-based or promising practices to improve effective prevention strategies. To accomplish this, the PTTC works with state, county, local, and community entities to provide training and technical assistance or to develop and disseminate information and tools to prevent or lessen the impact of substance use and misuse that result in unhealthy consequences.

Website: **https://pttcnetwork.org/centraleast**

This publication was developed in response to a need identified in our Region by the ATTC/MHTTC/PTTC.

About The Danya Institute:

The Danya Institute's mission is to provide training, leadership development, and technical assistance to health and human services providers and consumers to enhance prevention, health promotion, treatment, and recovery services with evidence based practices. The Danya Institute seeks to be a leader in the promoting the health, education, and well-being of individuals and communities across all populations.

In support of this mission, the Danya Institute manages the three Substance Abuse Mental Health Services Administration (SAMHSA) funded Technology Transfer Centers (TTC) - Addiction, Mental Health, and Prevention – in U.S. Department of Health and Human Services (HHS) Region 3 Central East. Central East (HHS Region 3) includes Delaware (DE), Maryland (MD), Pennsylvania (PA), Virginia (VA), West Virginia (WV), and the District of Columbia (DC). The Central East ATTC/MHTTC/PTTC has an outstanding team of specialists in prevention, mental health and substance use disorder, health communication, technology transfer, technical assistance, training, continuing education, research design and analysis, and marketing and recruitment.

With this wealth of talent, The Central East ATTC/MHTTC/PTTC provide training and technical assistance to prevention, mental health, substance use disorder and primary care professionals. All technical assistance and training along with products and research are geared toward dissemination, implementation and sustaining evidence-based practices that increase the capacity, skills and knowledge of the behavioral health workforce and community in HHS Region 3.

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FORWARD

Mortality associated with mental and substance use disorders is one of the deadliest public health crises in American history, and we labor within underfunded, understaffed, fractured, and siloed systems to contain this crisis. Stigmatizing attitudes at all levels ensure inequity remains around access to adequate and appropriate services. Biases held by behavioral health professionals impact the quality of care we provide. Finally, internalized stigma—an insidious form of shame—inhibits help-seeking and even negatively impacts outcomes of those who do receive care. The solution to dismantling discriminatory barriers to wellness, ending the war on drugs, and increasing access to behavioral health resources is undoubtedly complex, but one element is well within our capacity. We must prioritize anti-stigma practices in our behavioral health strategies and interventions today—language matters, science matters, stories matter.

Throughout the course of our work, everyone we encounter experiencing mental and substance use disorders has the potential to get well—then to get better than well, if they have access to sufficient support. I am a person thriving in sustained recovery from severe mental and substance use disorders. I did not achieve such wellness because I wanted it more than my peers, or because I worked harder than others, or because I am morally superior to my fellows. Rather, I had immediate access to adequate and appropriate treatment, robust recovery support services in my community, and the unrestrained opportunity to fully actualize my potential. I was afforded these opportunities through dumb luck and privilege, and my reasonable share of hard work. Do not leave recovery to luck. Do not sit by while we write another chapter in our great American history of institutional oppression and systemic discrimination. Demand what your people deserve.

I entered the behavioral health workforce 6 years into my recovery just as many of my peers are called to do. I worked with men and women with stimulant and alcohol problems for years. I watched the nightmare of countless returns to use despite strong desires to recover, multiple arrests and extended incarcerations, lost children and destroyed families, sickness and death—whole communities experiencing unrelenting epidemic. All this, they experienced in the absence of compassion. I witnessed the emergence of a new epidemic, this time measured by staggering mortality. While today we rally to end the overdose crisis, we must remember how slowly we responded, changing very little in our approach to treating opioid use disorder and reducing harm to people who use drugs until the world's eyes on our daily body count made the status quo untenable. I was complicit. I was a bystander, both as a clinician and a person in recovery.

Years ago, I was finally on the receiving end of some solid anti-stigma training. I was gifted a new lens, one unobstructed by internalized stigma. I learned how to affirm my recovery status with

pride, using storytelling guidance provided by a new recovery movement. I began using research-based, accurate, and non-stigmatizing language when referring to myself and the people I served. I learned how to teach lay people the hard science underpinning evidence-based prevention, harm reduction, treatment, and recovery. I joined the national recovery movement—a vanguard of citizens affected by mental and substance use disorders and mobilized by recovery— raising our voices to eliminate stigma and lead change. Now, as a macro social worker, I travel the country encouraging people to share the power of their stories, teaching behavioral health science, promoting the use of accurate and non-stigmatizing language, and mobilizing communities to act. Thriving in recovery, I have found community, autonomy, and new purpose—both personally and professionally. I can draw a line from this amazing way of life straight back to that anti-stigma training.

This has always been a splendid toolkit with perennial content curated by the brilliant Mim Landry. Revisions to the 2012 edition take it to another level with appropriate language, updated bibliography, linkage to today's relevant organizations, and more emphasis on the role inaccurate and stigmatizing language plays in propagating stigma. I am deeply gratified that my fellow recovery movement activists and leaders Robert Ashford and Jenna Sheldon were involved in this crucial revision. Nothing about us without us! I heartily recommend this toolkit to inform anti-stigma initiatives in your community. Come get you some.

Donald McDonald, MSW, ICAADC
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ABOUT THE GUIDE

The toolkit was created for behavioral health prevention and treatment providers, recovery community organizations, families, and individuals affected by behavioral health disorders. The toolkit serves to provide practical information and tools for enhancing capacity to engage in effective stigma reduction efforts.

Stigma often elicits feelings of powerlessness, anger, and frustration for individuals with behavioral health disorders (e.g., substance use or mental health disorders), those in recovery, family and friends, treatment and prevention professionals, community activists, and other stakeholders. This guide is designed to help empower these individuals. Additionally, this guide provides practical tools by which they can become involved in and lead stigma reduction activities in the workplace and their communities.

This guide provides practical information about a variety of approaches to prevent and mitigate behavioral health-related stigma. Some approaches are straightforward and can be initiated by individuals on their own. These approaches include tips on using stigma-free, positive person-first language and writing letters to the editor. Some approaches are comprehensive, such as developing a community action group and implementing a community-based messaging and media campaign.

Prevention and health communication research demonstrate that the most effective prevention efforts are those that: (1) include multiple components, (2) are designed so that the components are integrated or share common goals, and (3) are sustained over time (Wakefield, Loken, & Hornik, 2010). With this in mind, this guide seeks not simply to help people engage in stigma reduction efforts, but to engage in stigma prevention efforts that are evidence-based and effective.

Thus, this guide has a bias toward conducting multicomponent stigma reduction campaigns. These campaigns may involve such components as community organizing, information dissemination, and media advocacy. Becoming involved in such efforts not only helps you to become active in stigma reduction efforts, but also increases the likelihood of doing something that is meaningful, productive, and effective.

To help you reach this goal, this guide will provide four components:

- Chapter One provides a brief look at behavioral health-related stigma.
- Chapter Two describes stigma reduction strategies and practical tips for implementing these approaches.
- Chapter Three includes worksheets that accompany several of the strategies discussed in Chapter Two.
- Chapter Four consists of resources and references that may assist in any efforts employed to prevent or reduce behavioral health-related stigma.

CHAPTER 1

Background

Recovery from substance use disorders (SUDs) and mental health disorders (MHDs), collectively referred to as Behavioral Health Disorders (BHDs), is an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness (Ashford et al., 2019).

There is a vibrant move away from inefficient models that have pathologized substance use and BHDs. More importantly, those who use substances or exhibit symptoms of a MHD move towards understanding BHDs as spectrum- based chronic conditions. It is worth noting that the strengths-based construct of recovery has not been completely translated to the societal view of BHDs. BH related stigma has remained prevalent, often perpetuating discrimination against those in need of help.

The primary purpose of this guide is to provide practical information and tools and enhance capacity to engage in effective stigma reduction efforts.

This chapter includes discussing what stigma is, how to understand stigma, and four broad types of BH-related stigma. We will review several ways in which stigma is sustained, the potential effects of stigma, and provide exercises for you to consider how you could contribute to stigma. We will also examine several specific mechanisms that serve to sustain and promote BH-related stigma.

STIGMA: ROADBLOCKS ON THE JOURNEY OF RECOVERY

The process of recovery from a BHD can be challenging. Individuals who are in or seeking recovery sometimes encounter numerous obstacles along the way. These obstacles include medical problems, co-occurring BHDs, family concerns, justice system and other legal problems, as well as work-related issues.

For some, these obstacles have sufficient power to impede their recovery progress. Similarly, people in recovery often experience bias, stigma, and discrimination, which can likewise jeopardize their recovery. Stigma can diminish the ability to follow and sustain recovery and impede accessing psychosocial and community supports.

Defining Bias, Stigma, And Discrimination

Bias, stigma, and discrimination are interrelated concepts that make up the explicit and implicit feelings we may have towards ourselves and others, and the explicit actions we may take based on those feelings. Bias is best understood as either a positive or negative association towards something, and may be either explicit (i.e., conscious) or implicit (i.e., subconscious). In the BH and recovery context, bias can take the form of preferring one recovery pathway or treatment over another. Bias can include having greater negative feelings towards someone who uses illicit substances versus alcohol in substance use stigma specifically.

Stigma is found when a label and an accompanying stereotype are generalized to an individual not based on their unique characteristics but what they are presumed to be based on the label applied to them. For example, suppose an addict or *crazy* label, often associated with negative stereotypes (i.e., criminal behavior), is placed upon an individual. In that case that person is automatically assumed to be or act like that stereotype. On the other hand, discrimination is a form of explicit behavior, often resulting from stigma focused on the stigmatized group. Related to BH, this may include denials of housing and employment, discriminatory policies such as denial of access to insurance, or other explicit negative actions.

Internalized Stigma

Individuals with BHDs, and those living in recovery, may experience low self-esteem and self-efficacy due to the condition and healing process. They may internalize the same stereotypes held by others (e.g., “I’m worthless,” “I am no good,” etc.), which can affect their recovery in negative ways.

External Stigma from the Recovery Community

Although the processes are more similar than different, individuals in recovery often may experience stigma from another person in recovery. This may happen based on the type of substance use someone is recovering from (i.e., alcohol use versus opioid use); the type of mental health disorder someone has experienced (e.g., depression versus schizophrenia). This stigma also may occur among those using different recovery pathways (e.g., medication for opioid use disorder (MOUD) versus non medication treatment options or harm reduction strategies versus abstinence-based recovery). This form of external stigma may result in exclusion or lack of access (i.e., excluding of certain individuals in recovery from community mutual-aid meetings, access to recovery support services, etc.). Anecdotal evidence of this type of stigma exists but, the prevalence of such behavior is unknown.

External Stigma from Treatment and Medical Providers

Some treatment and medical providers may believe that BHD treatment is ineffective. Staff from some programs may feel that programs using medication as an integral part of treatment are trading one drug for another related to substance use, or may mask a disorder versus treating the cause of mental health. Some medical providers lack education and/or experience with BHD and can exhibit implicit and explicit negative bias towards those with BHDs affecting the quality of care provided in medical settings.

External Stigma from the Community

People in recovery and with BHDs often face stigma from the general public. Stigma can be caused by ignorance, misinformation, and fear, which can result in discrimination, prejudice, and stereotypes.

External Stigma from Professionals

Those with a history of BHDs may face stigma from employers and other professionals. Often, it may be challenging to find and secure gainful employment due to stereotypes placed on those in recovery as untrustworthy or irresponsible.

External Stigma from Systems

People in recovery and those with BHDs are also subject to the systematic stigma found within social service and criminal justice systems in the United States. Due to often punitive mental health and substance use policies, individuals often find they cannot obtain appropriate treatment services while involved in the criminal justice system. They may also be unable to access housing or other social services, or they may face undue scrutiny in systems like children and family services.

Solution: Break the Silence

As is true of BHDs and recovery, stigma is a complex and dynamic process. There is no single or simple cause and there is no single or simple solution, but there is power in breaking the silence that stigma exists and on the reality of recovery.

Speaking out is central to the reduction of stigma in all settings. On the most basic level, stigma elimination must involve people in recovery, family members and loved ones, advocates and activists, treatment and prevention professionals, medical providers, and policy makers. People concerned about stigma, speaking out and up, focusing on telling their stories must also be involved. Perceptions can change, attitudes can shift and behaviors can be modified. Knowledge can be increased. But none of these will happen unless people choose to and are given the opportunity to speak out. When people speak about BH and recovery, the power of stigma is diminished. When people tell their stories, others struggling with BHDs receive encouragement, recognize that recovery is possible, and perceive that they too can recover. In essence, speaking out gives people hope.

This guide is designed to keep that hope alive. Some of the recommendations offered will be challenging. By accepting those challenges, you can develop and implement strategies that will go a long way to reduce the effects of stigma.

STIGMA: AN ADDED LEVEL OF BURDEN

People with BHDs experience multiple levels of burden. The first level of burden, as with any disorder, is the process of the disorder itself. As with many illnesses, individuals with BHDs can exhibit behaviors associated with the disorder such as compulsion, loss of control, or continued substance use despite experiencing adverse consequences. As with other chronic disorders such as diabetes and hypertension, there can be the burden of recurrence of symptoms that require changes in services and support for disease management. Bio-psycho-social problems caused or worsened by the BHDs such as problems with physical and/or psychological health, decreased social functioning, lack of employment stability, and legal or criminal justice involvement act as a second level of burden.

Stigma associated with BHDs adds another layer of burden for individuals and families. This stigma can create problems that are serious, disruptive, traumatic, and dangerous. Issues associated with stigma include shame and self-loathing, social isolation, and denial or lack of access to medical services, jobs and housing. Also, the effects of BH related stigma are not limited to individuals with substance use or mental health problems but also include stigma-related trauma to children and families. Stigma also exists for those professionals who choose to work in BH, prevention, and the larger treatment field itself.

To define stigma, an expert panel on BH-related stigma (Center for Substance Abuse Treatment, 2000) described five important points:

1. Stigma is a powerful, shame-based mark of disgrace and reproach.
2. Stigma is generated and perpetuated by prejudicial attitudes and beliefs.
3. Stigma promotes discrimination among individuals at risk for, experiencing, or in recovery from BHDs, as well as individuals associated with them.
4. People with BHDs and those in recovery are ostracized, discriminated against, and deprived of fundamental human rights.
5. Individuals who are stigmatized often internalize inappropriate attitudes and practices, making them part of their self-identity.

WHAT HELPS TO SUSTAIN STIGMA?

Like many social phenomena, BH-related stigma develops and is sustained for a wide variety of reasons. Some of the reasons why stigma is sustained are conscious and purposeful, some are unconscious, some are personal, and some are social and institutional. The National Academies of Sciences, Engineering, and Medicine's publication Ending Discrimination Against People with Mental and Substance Use Disorders (National Academies of Sciences, Engineering, and Medicine, 2016) outlines several factors that influence or sustain stigma:

Lack of Knowledge

Lack of knowledge, education, and training regarding the science, prevention, and treatment of BHDs influence and perpetuate stigma.

Social Norms and Beliefs

Societal blame, the belief that SUDs are caused by personal responsibility, weakness or moral failing and the belief in stereotypes portraying those with MHD as unpredictable and/or dangerous contributes to and sustains stigma. These norms and beliefs can influence public policy, personal freedom and access to jobs, housing, and treatment

Contact, Relationships, Experiences

Limited or negative contact, relationships, experiences, or exposures to individuals with BHDs can contribute to stigma. Limited contact may stigmatize those with BHDs based on social norms, beliefs, fears or inadequate knowledge. Negative contact or exposure to those with BHDs can also perpetuate stigma as there is no positive experience to counteract the negative belief.

Media Portrayal

Media portrayal that is one-sided and disproportionately reported and shows negative and violent images associated with BHDs contributes to stoking fear, sustaining negative beliefs, stereotypes and associated stigma.

Race, Ethnicity and Cultural Disparities

Health disparities that are caused by lack of access to prevention programming, community services, and treatment contribute to stigma. Language barriers and the overall quality of care due to race, ethnicity, and culture contribute to sustaining BH stigma for certain races and groups. In addition, disparities in arrests and incarceration based on race and ethnicity sustain stigma based on the belief that certain individuals are dangerous and unpredictable.

THE EFFECTS OF STIGMA

Stigma erodes confidence that BHDs are valid, preventable, and treatable health conditions. It leads people to avoid socializing, employing, working with, renting to, or living near persons with BH-related problems or pasts.

Additionally, stigma deters the public from supporting policy positions, such as providing funding for prevention and treatment, increasing access to resources, and enhancing prevention, treatment and social services opportunities.

Stigma also prevents and reduces help seeking behavior among people with BHDs. This is typically associated with the fear that the confidentiality of their diagnosis or treatment will be broken or that their friends, family, and employers may view them negatively. It gives insurers—in both the public and private sectors—unspoken but implied permission to restrict coverage for treatment services in ways that would not be tolerated for other illnesses.

Powerful and pervasive, stigma can also prevent people from acknowledging their BH problems, much less disclosing them to others. An inability or failure to access prevention and community support services and/or obtain treatment for any reason reinforces destructive patterns of low self-esteem, isolation, and hopelessness. Stigma ultimately contributes to people being deprived of their dignity and interferes with their full participation in society. Overall, stigma results in or contributes to:

- Prejudice and discrimination
- Fear and shame
- Distrust and disgrace
- Stereotyping and rejection
- Anger and frustration
- Isolation
- Avoidance of treatment and inadequate healthcare coverage
- Ostracism and denial of rights

Do You Stigmatize Others?

Even the most well-meaning person can say the wrong thing, have inaccurate assumptions and believe things that perpetuate the stigma of BHDs. Without even realizing it, we may have beliefs, attitudes, assumptions, thoughts, or use words that contribute to the stigmatization of others. The following questions and statements can help you to examine your potential for stigmatizing others.

What Are Your Personal Beliefs About Why People Develop BHDs?

Do you believe that people with a BHD are weak, lazy, immoral, or sinful? If you are in recovery, do you believe that you are superior to others still struggling with their BHD?

Do You Accept Certain Types Of BHDs More Than Others?

Do you believe that those who have an SUD related to the use of an illegal drug are different or worse than SUDs involving drugs like alcohol or prescription medications? Do you believe that it is easier to recover from certain substances rather than others? Do you believe that MHDs, such as general anxiety disorders, are different or worse than disorders such as schizophrenia?

Do You Believe That Some People Are Beyond Help?

Do you believe that some people are doomed to a life of disorder because of their high-risk factors? Do you believe that some people will never get better? Do you believe that those who lack motivation or "have not hit rock bottom" are not ready yet?

Do You Believe That Certain Treatments and Recovery Pathways Are Better Than Others?

Do you believe that non-medication-based approaches are acceptable but approaches that utilize MOUDs are unacceptable—or vice versa? Do you believe that people who use mutual aid programs are better than those who do not? Do you believe that harm reduction programs are not part of the recovery process?

Do You Use Stigmatizing Labels and Language When Talking About BH and Recovery?

Do you use words like addict, crazy, substance abuser, or other labels when talking with your peers or others? Research has consistently shown that the words we use to describe BHDs and recovery can elicit negative bias and promote stigma. Do you use words that encourage stigma or prevent and reduce it?

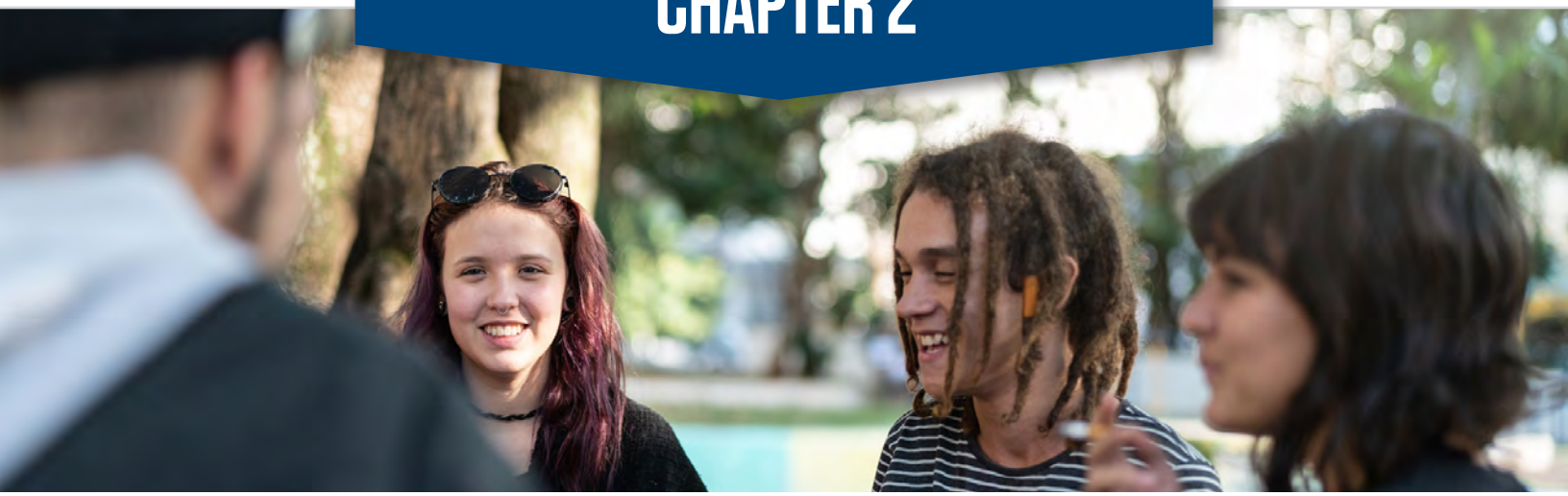
Do You Believe That Recovery Must Look A Certain Way?

Are you quick to judge the behaviors of others and interpret all their behaviors through the lens of a specific kind of recovery? If you are in recovery, do you judge other people's recovery based on your path to recovery?

Do You Promote Non-Evidence-based Theories about BHDs?

Do you promote evidence-based theories and science related to BHDs or do you see BHDs as a moral problem, character defect or lack of willpower?

CHAPTER 2



STIGMA REDUCTION STRATEGIES

1. An Overview

The importance of reducing BH-related stigma is highlighted in the Substance Abuse and Mental Health Services Strategic Plan FY2019-FY2023 and the National Academy of Sciences 2016 report Ending Discrimination Against People with Mental and Substance Use Disorders. These documents review the evidence for effective strategies for stigma reduction and provide recommendations for creating successful anti-stigma campaigns. Within that framework, this chapter will describe strategic activities that reduce stigma related to BHDs which include:

- Education for stigma reduction that provides accurate, factual information about BHDs. The goals of anti stigma education activities are to reduce stereotypes, correct misinformation, dispel myths and provide statistics and research to support the factual information including resources for help and support. Vary the types of educational activities to include education that involves social contact and is not just a one-sided dissemination of information. Education that provides an opportunity for individuals to engage with others, have opportunities for dialogue and to interact in both formal and informal settings increases the ability to counteract stigma.

- Media Campaigns designed to promote accurate information about BHDs and portrayals of individuals with BHDs. Media campaigns for reducing stigma use health promotion strategies to increase knowledge of BHDs, promote health, wellness and positive behavior change and decrease negative attitudes, beliefs and stereotypes associated with BHDs.

- Community Involvement Activities and Events that promote social contact, mobilize grassroots efforts, and create awareness about BHDs. Community activities and events decrease stigma by decreasing isolation, providing an opportunity to increase knowledge about BHDs, and building capacity to promote policy and program change.

- Events and Activities designed to promote the dignity of people living with BHDs, those who are engaging in treatment, and those living in recovery.

This chapter emphasizes enhancing the capacity of the community to address stigma and upholds consistent research findings that demonstrate the efficacy of multicomponent community-based efforts over isolated strategies. This chapter provides information about a variety of campaign strategies and offers practical tips and recommendations to conduct these strategies. Chapter two also suggests additional resources such as books and manuals that provide more in-depth information for creating and implementing a future stigma reduction campaign.

BH-related stigma is damaging, often creating barriers to needed services, resources, and support. Addressing stigma provides an opportunity for stakeholders to come together, speak out, and enact change. The recommendations in this chapter provide tools to create strong community alliances, explore techniques to help voices be heard, and discuss mechanisms to create significant social and systems change.

TIPS FOR REDUCING STIGMA

What can you do to reduce BH related stigma? You can do quite a lot. Following are few practical tips to prevent and diminish stigma in their communities and social networks.

Learn More

There is a wealth of accurate information about BHDs. Research and resources on evidence-based prevention, treatment, and recovery is widely available. Many non-profit organizations and government agencies provide information through websites, published documents, videos, and multimedia products. Several such sources are listed at the end of this guide. Step 1 is always to get and stay informed of the latest evidence. The Substance Abuse Mental Health Services Administration (SAMHSA) is a starting point to learn about reliable SAMHSA Programs, sources of data and other resources. A detailed list of resources is provided at the end of this guide.

Speak Out

As you learn more about BHDs, prevention, treatment, and recovery, you are more likely to notice misinformation, bias, prejudice, discrimination, and other adverse effects of stigma. Speak out, challenge inaccuracies, educate others, and guide them to authoritative sources of information. Do not be quiet—it takes all of us to speak out to foster lasting change.

Keep Hope Alive

Our own unfamiliarity, inexperience, misinformation, and discomfort with BHDs can result in frustration, hopelessness, and further stigmatization. There are times when your frustrations may lead you to feel that someone is beyond help. Evidence demonstrates that prevention and treatment work and that people with BHDs can and do recover.

Treat People with Dignity

People with BH-related disorders likely include your friends, coworkers, family, and neighbors—although you may be unaware. Treat people who have BH-related problems with the same dignity and respect that you give others and expect from others. Practice respect at all times and others are sure to notice.

Think About the Whole Person

An individual with a BHD, as with all individuals, has many facets of their identity that goes beyond a BH concern or diagnosis. Knowing about their health concerns only gives you a small piece of information about that person. It does not provide sufficient information about who that person is, what they value, or what their goals are. People are much more than the labels and diagnoses placed on them.

LANGUAGE MATTERS

Language plays a vital role in how stigma is transmitted and created in the minds of the general public, policymakers, professionals, and even those in recovery or living with BHDs. Recent evidence suggests that using a person-first language approach to how we discuss BH and recovery can help reduce and prevent stigma, as well as influence policy support and quality of medical care delivered. The following recommendations are a starting point for evaluating and changing your language for your campaigns and everyday conversation.

Person-First

People are more than their health problems, their identities, or other characteristics. First and foremost, they are people. This paradigm suggests that when talking about those with BHDs, it is important and helpful to describe the person first, before any other label or qualifier (e.g., a person with a mental health disorder or a substance use disorder). Several resources exist to assist with affirming and non-stigmatizing language related to BHDs including a LANGUAGE MATTERS card developed by the Addiction Technology Transfer Center Network (ATTC). The more we learn about BHDs, the more our language reflects that new knowledge. It is important to continue to update resources and educational materials to reflect the latest findings. Several language resources are listed at the end of this toolkit.

Do Not Sensationalize

Symptoms and consequences of BHDs can often seem chaotic. Describing disorders in sensational terms can diminish the fact that BHDs are treatable medical conditions. Avoid terms such as “suffers from,” “afflicted with,” “victims of,” or “the scourge of”.

Similarly, it is important not to sensationalize recovery. Describing those in recovery as superhuman or as redeemed may inadvertently cause stigma both to those in recovery and those not yet in recovery. Recovery is best described in authentic ways that are thoughtful, accurate and evidence-based.

Do Not Generalize

Individuals with BHDs are not a monolith and often have different experiences and characteristics. Truly, they are as varied as the general population. There is no addictive personality common to those with SUDs, just as there is no shared personality among those with MHDs. There is as much biological, psychological, and sociological variety among people living with BHDs as there is among every other group of people.

Do Not use War Imagery

It is important to avoid language and images that are reflective of war and combat. This type of portrayal depicts winners, losers and pits one group against another that is stigmatizing. Phrases such as “the front lines”, “soldiers”, and “in the trenches”, are all rooted in stereotypes and generalizations and should be avoided.

Do Not Co-Opt or Normalize

Taking terms that are medical in nature, or terms that have historically been used to stigmatize others and using them in everyday conversation is also something to avoid. For example, avoid terms such as “being driven crazy”, “addicted to power”, “recovering from that event”, or “she is so OCD”. Doing so not only diminishes the meaning and effect of BH-related terms, but can also diminish the experience of individuals with BHDs or who are living in recovery.

For additional language guidelines, see: Recovery Dialects Infographics in Chapter

PLANNING STIGMA REDUCTION CAMPAIGNS

Want to do more to prevent or reduce stigma? This guide provides examples of stigma reduction interventions that can be conducted alone or as part of a multicomponent campaign. We recommend multicomponent campaigns, since they are more effective than isolated interventions. The following can help you think through a few issues and decide about conducting stigma reduction campaigns.

See Worksheet 1 – Brainstorming

Identify a Specific Problem

There are many aspects to BH-related stigma. What is the specific aspect that you want to address? In what ways is it a problem? Who is being hurt by this problem? Who is perpetuating the stigma? Why do you want to conduct a campaign? Be as specific as possible. Make sure that you understand the nature of the problem before considering possible solutions.

Identify Potential Issues

Brainstorm strategies to approach the specific issue you want to address. Examine the campaigns described in this guide. What approaches and strategies might be appropriate? Have certain approaches been attempted before, especially in your community? If so, were they successful, or did they have similar outcomes to those you are hoping to achieve?

Identify Potential Solutions

Brainstorm with others to consider potential solutions. Think outside the box. No ideas are too big or complex during a brainstorming session. What might work? What might not? What might backfire?

Assess Community Readiness

It is essential to assess the community's readiness for reducing stigma. Do other people understand the impact that stigma associated with BHDs has on the community? Do community members have experience with successful stigma reduction activities? Do the community members have access to resources to support anti-stigma activities and events?

Use the community readiness tips provided later in this guide to see how ready your community is to conduct or participate in stigma reduction events and activities.

Identify Potential Partners

Have you spoken with other people who have expressed similar concerns about stigma in your community? Who are they? Do you have common goals or at least a few shared goals?

What are their goals? Identifying partners to help you plan and implement your campaign is critical for your success.

TYPES OF STIGMA REDUCTION APPROACHES

There are numerous approaches to reducing and preventing BH-related stigma. In its guide Focus on Prevention: Strategies and Programs to Prevent Substance Use, SAMHSA has identified six effective strategies that can help shape substance misuse prevention plans. These broad strategies can also be used as a framework for preventing and reducing stigma. An anti-stigma program or campaign that utilizes multiple approaches or strategies is more effective than one time, single approach efforts. Community prevention programs and prevention practitioners can be key resources for designing stigma reduction approaches.

Information Dissemination

Information dissemination aims to increases knowledge and changes attitudes through communication. This method of learning is mainly one-way, such as the distribution of materials, speaking engagements, and some media campaigns. This approach seeks to increase awareness and knowledge of the nature and extent of BH-related stigma and its effects on individuals, families, and communities. Information dissemination aims to enhance learning and awareness of stigma reduction policies, programs, and services. Media-based approaches are a powerful type of information dissemination. These approaches seek to use mass media to draw attention to issues, promote support of issues, frame messages and positions, provide information, change perceptions, encourage debate and action, and support other stigma reduction approaches.

Education

Education seeks to enhance critical life and social skills, such as decision-making, critical analysis (i.e., evaluation of popular culture messages), and systematic and judgmental abilities. Examples of educational activities include formal school-based programs, classes, and community education efforts. Education is a two-way process and provides the opportunity for the participants to engage with the instructor and with the other participants. Educational approaches provide a mechanism to check for understanding and to evaluate learning outcomes.

Positive Alternative Activities

Positive alternative events provide fun, challenging, and structured activities that are organized for the purpose of providing constructive and healthy ways for individuals and community members to interact with each other, decrease isolation, dispel stereotypes, and learn new skills. Spending time with people with BHDs or in recovery helps to put a face to BHD and to reduce stereotypes. Examples of positive alternatives include fun runs, recognition events, community fairs etc.

Community-Based Approaches

Community-based approaches seek to enhance the ability of the community to develop and initiate responses to problems, such as BH-related stigma, and promote healthy communities. They typically involve activities such as community organizing, intervention planning, coalition building, and networking.

Environmental Change

Environmental approaches seek to change written or unwritten community laws, policies, standards, norms, codes, and implicit attitudes. These include policies and practices within workplaces, schools, communities, businesses, and treatment programs. Environmental change related to changing policies and practices that promote stigma can be a focus of community-based, education and information dissemination approaches.

Problem Identification and Referral

Problem Identification and referral activities aim to provide multiple opportunities for the identification of BHDs and appropriate referral sources to those who may be in need of BH services. Lack of identification and referral can increase stigma, punitive treatment, and negative attitudes. Programs and processes that provide early identification and referral to appropriate support and treatment services for individuals with BHDs are integral components of stigma reduction efforts. The use of peer

support workers who have been successful in the recovery process can help with connecting others experiencing similar situations to appropriate services. This example of shared understanding, respect, and mutual empowerment can assist with decreasing organizational and individual stigma towards those with BHDs.

BASIC COMPONENTS of STIGMA REDUCTION CAMPAIGNS

What is a stigma reduction campaign? Through coordinated efforts we can use words and images to change attitudes, promote healthy behaviors, and lift the burden that stigma places on those with BHDs and their families. A stigma reduction campaign can take different forms and paths. Each person and group will develop unique ideas regarding the nature of the problem, important aspects to address first, the best response to stigma problems, the size and scope of responses, and the look and feel of campaigns. Despite such diversity, campaigns should all include the following components.

Campaign Goals

Whether large or small, each stigma reduction campaign begins with one or more campaign goals (i.e., the primary change that you want to accomplish), such as “decreasing BH related stigma among local government officials.”

Campaign Objectives

Each campaign goal is broken down into campaign objectives (i.e., a group of specific changes that you want to accomplish), such as “increasing local officials’ awareness of the effects of stigmatizing language; or, increasing knowledge of the BH-related language that is non-stigmatizing.”

Campaign Messages and Points

The fundamental purpose of a stigma reduction campaign is to communicate a message that aligns with your goals and objectives. Thus, each campaign must have a primary campaign message. Each campaign message is accompanied by a set of supportive points that make a case for the campaign message.

Target Groups

Each campaign effort has at least one target group. Target groups represent the individuals or groups that campaigns are attempting to reach and influence. A campaign can have more than one target group, each of which may be the target of slightly different primary campaign messages.

Campaign Strategies and Activities

Identify campaign goals and objectives, and select campaign messages, select target groups, and then include specific activities to communicate the campaign messages and points. These can vary greatly and include any, or all, of the following:

- Providing information
- Promoting education
- Changing norms or policies
- Creating or enforcing laws
- Assembling community action groups
- Conducting community-based activities with media components.

FOUNDATIONAL PRINCIPLES for REDUCING STIGMA

No matter which approach or campaign strategy you use, your efforts can benefit from the following general guidelines.

Use Data

Stigma reduction efforts can use information derived from BH statistical and epidemiological data and prevention, treatment and recovery research. Research about the biological, psychological, and sociological aspects of BHDs can be used to counter perspectives that focus primarily on the relationships between BH and criminal behavior.

Apply Research-Based Principles

Research has demonstrated the effectiveness of certain principles and theories regarding behavior and attitude change, information delivery, learning, and communication. This guide describes many of those principles and provides additional information in the resources section. Learn about social learning, health communication, and behavior and attitude change theories.

Make Long-Term Commitments

Attitudes, norms, values, and policies have developed over many years. Campaigns can take some time to have an effect. Also, campaigns must be sustained over time to maintain effects—often after the initial effects begin to present themselves. As a result, brief, short term, or single-event campaigns may be less effective than sustained efforts. Consider developing sustained campaigns over time or have periodic “booster sessions,” designed to reinforce the primary campaign messages.

Use Multicomponent and Integrated Campaigns

Research and practice demonstrate that multicomponent campaigns in which the components are integrated are more effective than single-component, non-integrated efforts (Wakefield, Loken, & Hornik, 2010). Stigma does not exist within one sector or group in society and requires multi-faceted strategies and efforts to be effective (Rao, D., Elshafei, A., Nguyen, M. 2019). Features can include mass media campaigns (i.e., print, radio, and television), media advocacy, community organizing, and school-based programs.

A SPECIAL NOTE: STRATEGIES SPECIFICALLY for BH PREVENTION and TREATMENT PROGRAMS

BH prevention and treatment programs can be effective stigma change agents. Treatment and prevention professionals can work together to utilize effective strategies and methods that are easily adaptable to larger BH-related stigma reduction efforts.

Demystify BHDs

Many individuals, including decision makers and policymakers with little or no experience, or knowledge of prevention and treatment may focus on the adverse consequences of BHDs. For some, BHDs are a mystery about which they may have little experience. Conducting educational awareness sessions and disseminating prevention messages that provide fact-based information about BHDs for professionals

and families is one way of demystifying BHDs. Providing detailed information about the prevention, treatment and recovery of BHDs can help demystify this process and inform stakeholders.

Demystify Recovery

Many people mistakenly believe that recovery is a yes/no or success/failure concept. Educate the general public that as with many chronic diseases including heart disease, hypertension and diabetes, recovery is a dynamic and multiple-phase process. In this process success is measured through disease management and improvements in multiple bio-psycho-social domains that are often incremental over time. It is also important to address the differences between treatment and recovery processes and to incorporate prevention and harm reduction strategies throughout the process.

Humanize Recovery

Help people to think about recovery as a theoretical concept; help them to understand how recovery works by putting a human face on it. Humanizing the recovery process can be easily accomplished by having people in recovery and their significant others tell their stories. People often focus on the before; you can help them to see the *after.*

Demystify Recurrence of Symptoms and Use

Address recurrence of substance use or recurrence of mental health disorder symptoms. Mention that recurrences do not represent treatment or recovery failure. They also do not mean that the individual engaging in treatment has rejected or failed in the process. As with many chronic medical conditions such as diabetes and asthma, recurrences can be part of the disease management process and serve as an opportunity to provide additional services and supports.

Celebrate and Promote Success

Prevention and treatment programs are uniquely positioned to promote the successes of community, organizational and individual efforts. Evaluating program effectiveness by conducting and publishing outcome studies can help reduce stigma and increase awareness of the benefit of formal prevention and treatment interventions. Publishing outcome studies in academic journals is a great strategy once a plan has been implemented and data collected. You can also publicize the outcomes through public relations, community relations, and media events. Let people know that prevention is key, treatment works and recovery is possible.

II. Taking Action

ESTABLISH COMMUNITY ACTION GROUPS

Community action groups, or community-based coalitions, represent powerful ways to undertake large-scale community efforts. They may begin with one individual who has an intensely personal experience who then enlists the help of others. Groups can be convened for brief periods for specific short-term issues or become a working group sustained over the long term. An essential first step is enlisting the active support of thought leaders, activists, advocates, and volunteers.

See Worksheet 2 – Enlisting Community Assistance

Enlist Thought Leaders

Thought leaders are often individuals in leadership positions, such as political leaders, presidents of community or business organizations, media leaders and personalities, professional athletes and other celebrities. Once educated about BH-related stigma, they can be effective spokespersons for your campaign. They can also provide access to others who shape the community's opinions, perspectives, norms, and laws Thought leaders can also be valuable in fund-raising activities.

Enlist Activists and Advocates

Activists and advocates are people who, in the course of their professional and personal lives, can impact the audiences of community action groups. Stigma reduction advocates may include prevention , treatment and other healthcare professionals, people in recovery, significant others in recovery, family members, faith-based leaders, civil rights leaders, experts and researchers, media representatives, and business people. Activists and advocates can help to build credibility for a community action group by actively supporting and educating the community, including assistance in forming new partnerships

Enlist Volunteers

For stigma reduction efforts, volunteers can be individuals or members of an existing group. These volunteers can include prevention and treatment program staff, recovery community members, professional societies, patient groups, and mutual aid groups. They can also be technical specialists, such as people who work in advertising, media, community organizing, public education, and grant writing. Volunteers are critical and central to the success of all activities of a community action group.

Obtain Funding

Conduct research to identify foundations that will provide funding for community-based campaigns. Local governments may also have funding available to support campaign efforts. Working with a fundraising or grant writing professional may help to streamline efforts and ensure success with this activity.

USING MEDIA ADVOCACY TO REDUCE STIGMA

Perhaps the best tool available for your current and future campaigns is media advocacy. Media advocacy is the strategic use of mass media to advance a social or public policy initiative. This strategy stimulates media coverage to reframe public debate and increase public support for more effective policies and approaches to public health problems. In the rapid changing digital age, media advocacy has changed to include social media and other digital outlets. SAMHSA has developed Digital Media Best Practices that cover national trends surrounding commonly used digital/social outreach channels, their best use scenarios, and suggestions based on today's trends. Including social media and choosing the best media approach for your target audience will enhance and expand your media reach.

Change the Discussion and Empower the Public

Media advocacy reframes and shapes public health issues and the related discussion through advertising, news, entertainment, and other media coverage. Media advocacy focuses on collective behavior change, such as norms, perceptions, and policies. Media advocacy encourages the media to present issues in accurate, factual, and socially responsible ways.

We should note here that other types of media activity may be related to but may not always be a part of media advocacy. News, entertainment, public service, and social media can increase awareness and knowledge regarding public and social issues. Media advocacy, however, goes beyond this step to involve the media and the public in developing new policies and norms. The goal is to empower the public to fully participate in defining the political environment in which decisions are made.

To effectively develop a media advocacy approach you should develop a **media list** (which media outlets, channels and platforms will be used to carry your message), **a media pitch** (what message do you want the media to deliver), and a **media strategy or strategies** (what media strategies will you use -will you use an op-ed, issue a press release, and/or disseminate an online image, twitter message etc.)

To effectively develop media advocacy including social media advocacy, SAMHSA Digital Media Best Practices recommend that you determine:

- **Target Audience**—who is your target audience(s) and where are they most represented? What media outlets do they use? Is your target audience online? What social media platforms are they engaged with?
- **Objectives and Purpose**—what is the purpose of your campaign advocacy efforts? What action do you want to be taken, what behaviors and attitudes do you want to be changed? SAMHSA recommends social media and online activities should support your larger social marketing/ communications strategy?

Process and Resources—what resources do you have to devote to your media strategies including social and digital media? Consider potential writers, graphic designers, social media publishers, and community managers. Who in your campaign designs and approves messaging? How do you get rapid responses from your campaign to keep pace with the digital age and yet stay accurate and on point with your messaging? Do you have a budget for your media and social media amplification efforts? How will you determine that your media messages have reached the correct target audience with the correct message?

Media Advocacy: Step 1—Shape the Story

The first step in media advocacy is to shape the story to get the attention of journalists, utilize social media platforms, and gain access to media. This can involve the creative—but accurate—use of statistics, emotional personal stories, and dramatic media events. Media advocacy can focus attention on numerous stigma-related issues. Examples of issues include the inaccurate portrayal of individuals who are not ready for, seeking, or living in recovery; those with a BHD; and the inequity of treatment and other recovery support funding.

Media Advocacy: Step 2—Frame the Issue

The second step is to frame the issue so that the story can be told as you want it. This typically involves shifting the focus of BH and related stigma from the individual level to the societal level. This means shifting the common narrative, which may be stigmatic, from a focus on the individual to the norms of the community that helps to sustain stigma. Media advocacy changes the focus from the individual to policies, norms, and other environmental factors that maintain stigma. It encourages the media to address stigma from a broader perspective, emphasizing the social, cultural, economic, and political contexts. In framing the issue, provide information on the social determinants of health (SDoH). SDoH are the conditions in the environment such as housing, education, access to health care, food and other services that impact a wide range of health outcomes and risks. The Office of Disease Prevention and Health Promotion, Health and Human Services provides detailed information and resources for addressing Social Determinants of Health in communities.

Media Advocacy: Step 3—Articulate a Solution

The third step is to articulate a specific solution to the stigma problem. Media advocacy focuses on practical, meaningful, achievable solutions, and does not dwell on the statement of the problem. Presenting the positive over the negative is also part of shaping and framing the stigma associated with BH to a public health focus.

Outcomes - Change Perceptions

Media advocacy can change general public perceptions about BHDs, prevention, treatment, and recovery. It can help people understand that BHDs are health conditions requiring treatment and a public health issue. It can also lend understanding to various problems, such as criminal justice involvement, are the result, not the cause of BHDs.

Outcomes - Promote Debate and Action

Media advocacy can improve coverage of public health issues in the media. It can encourage individuals and communities to participate in efforts to change the social and political factors that positively influence health practices.

Outcomes - Promote Change

Media advocacy can promote media coverage that leads to important environmental changes, such as supporting public policies, enacting new laws, and enforcing existing laws. These environmental changes can result in individual behavior changes in the community and reduce institutional stigma.

Outcomes - Increase Capacity

Media advocacy can be used to increase the capacity of communities to develop and use their voices to be seen and heard by decision makers and policymakers.

HOW TO FRAME CAMPAIGN MESSAGES

Whether using digital or traditional media outlets and channels, media representatives provide certain perspectives and context to their stories to shape news stories and events. Shaping or framing a news story can influence readers' and viewers' perceptions of problems and solutions. Stigma reduction campaigns can frame stories in ways that shift the focus from the individual to a larger social perspective.

The CDC has developed CDC Health Communications Playbook to support the development of health communication materials and messages and to help you frame your campaign messages. Communicating with the media and the public for a stigma reduction campaign can be challenging as you deal with complex information, the need to dispel misinformation, tight deadlines, competing priorities and multiple target audiences. Later in this guide you will find worksheets, samples and instructions for your campaign. The CDC Health Communications Playbook is an additional resource that covers key communication materials for consumers and professionals and includes practical resources for fact sheets and press releases and research-based tips, instructions and checklists to get you started with your campaign.

Whatever media outlet, message or platform you choose; framing your message helps you to provide accurate information that is easy to understand and resonates with your audience. Framing your campaign messages whether online or print for consumers, policy makers, professionals or the general public requires:

- Choosing the right message for the campaign
- Deciding which message resonates with which audience
- Selecting which communication/media styles and platforms work best for your message, your deadlines and your advocacy efforts.

Framing messages for BH stigma reduction campaigns includes framing the narrative, framing the responsibility, framing the solution and framing the benefits associated with stigma reduction.

Framing the Narrative for Stigma Reduction

BH-related stigma often comes from a focus on the individual, such as discussions about personal choice and willpower. Reframing these as a societal issue means addressing BH and stigma in terms of systems, policies, and norms and SDoH. It shifts attention from the individual to the collective and from personal to policy, refocusing on the rules, policies, and norms of the community that help to sustain stigma toward BHDs: Changing the Narrative Resource Guide.

Framing Responsibility for Stigma Reduction

Framing BH as a societal problem enlists solutions to stigma as a problem to be solved by society. Using a social problem and SDoH framework may also incorporate a social justice perspective through which a lack of treatment and recovery support access can be viewed. In turn, the public is better prepared to understand a framework where stigma is construed as exploitation.

Stigma assigns responsibility to individuals with BHDs. Anti-stigma efforts do not assign responsibility or blame for BHD but instead assign a shared responsibility for providing prevention, help, support, evidence-based treatment and non-discriminatory practices.

Framing Meaningful Solutions in Stigma Reduction

When working on campaigns to define a problem, in this case BH related stigma, you should be prepared to provide some possible solutions. Campaign goals, objectives, and messages must include practical, meaningful, and achievable solutions. Campaigns should focus on messaging that provides ways to address, diminish, and prevent BH related stigma, rather than excessively on the nature and scope of the problem. In fact, a solution-focused message should be the heart of the campaign.

Framing the Benefits of Stigma Reduction

Communicating the cost, health, and productivity benefits of preventing stigma can be tailored to reach different audiences. Policymakers, for instance, may be more interested in return on investment, while community constituents may be more focused on the enhancements for health and productivity.

USING SOCIAL MARKETING PRINCIPLES IN CAMPAIGNS

Social marketing or health promotion marketing is defined as an approach that uses commercial marketing strategies to drive behavior change around a social issue. SAMHSA has developed SOCIAL MARKETING PLANNING PROCESS as a guide to help organizations use social marketing in their campaigns.

Note: SAMHSA notes that it is important to recognize that social marketing is not the same as social media. Social Marketing is a health promotion approach or plan designed to influence behavior change. Social media—such as Facebook and Twitter—is a tool/activity that can be used toward achieving some of the goals you create within your social marketing approach/plan.

Components of an Effective Social Marketing Plan

SAMHSA outlines seven components of an effective social marketing plan.

1. Goals- Your social marketing plan goals should state desired outcomes for your communication efforts. A well-written social marketing goal should be accompanied by measurable objectives. Including a measurable objective around changes in attitudes will help you evaluate whether your social marketing strategies have been successful.
2. Audience - Think about the one or two key audiences that you need to get on board to obtain the support necessary to implement your stigma reduction campaign. Gather as much information as possible about your target audience.
3. Message- Your messages deliver important information about the issue and compel the targeted audience to think, feel, or act in a way that helps you achieve your goals. Your message should:

- Show the importance, urgency, or magnitude of the issue;
- Be specific to the audience, not general messages;
- Address the barriers and highlight the benefits to the audience (per your audience analysis);
- Put a “face” on the issue;
- Be tied to specific values, beliefs, or interests of the audience;

- Reflect an understanding of what would motivate the audience to think, feel, or act;
- Be supported by facts; and
- Be culturally competent.

4. Channels - What are the best ways to reach the audiences you have identified? These may include traditional, digital, designated social media outlets, online and print newsletters, and other media channels described throughout the SOCIAL MARKETING PLANNING PROCESS guide.
5. Activities, Events and Materials - What types of activities, events, and materials will you use to engage your audiences? The stigma reduction approaches described earlier can help you design multiple effective activities that support your goals, message and target audience.
6. Pretesting and Implementation – How will you pretest your message and materials to check with your intended audience before you finalize activities, events, or materials? This process can include surveys, discussion groups, interviews, or informal feedback. In addition, consult with the people who manage the channels you intend to use.
7. Mid-course correction and evaluation – How will you evaluate your campaign? In writing your social marketing goals, did you include a measurable change in knowledge, attitudes, beliefs, or behaviors that will help you evaluate your campaign and determine whether your social marketing efforts have been effective. Ongoing evaluation and mid-course corrections allow you to identify milestones; determine strengths and weaknesses; identify obstacles; create and implement new approaches to success.

Use the 4Ps of Traditional Marketing in Social Marketing

The traditional 4 Ps of marketing, Product, Price, Place, and Promotion can be used in developing your stigma reduction campaign according to social marketing principles.

Product

What is the product or service that you are providing? Social marketing strategies may include goods and services as well as recommendations for changes in behavior, attitudes, and practices. The target audience must recognize that a problem exists before accepting changes in behavior, attitudes, and practices. Your audience must also be convinced that the products provided by the stigma reduction campaign will solve that problem.

Price

What is the “price” or cost to the solution that you are recommending? In a social marketing campaign, price or cost describes what the target audience must do to acquire the solution to the problem. When costs outweigh benefits, potential customers are likely to give a low value to the products being sold. They are also not likely to adopt the changes in behavior, attitudes, and practices. However, when benefits outweigh costs, customers are more favorable to adopt such changes.

Place

Where will your messages and activities be placed? In commercial marketing, “place” refers to the distribution systems for physical products. In social marketing, “place” relates to the channels through which the target audience is reached with messages for stigma reduction efforts. These channels include media (i.e., television, radio, internet, and print media), press conferences, community action

groups, school-based lectures, social media (Facebook, Instagram, Twitter,) and town hall meetings. It is important to employ channels that are accessible and acceptable by the target audience.

Promotion

How will you promote your message or solution? Promotion refers to the methods you will use to convey your message. How will you reach your target audience? In the context of social marketing, promotion refers to the integration of media advocacy, public and media relations, or advertising to develop and maintain product demand. Conducting focus group surveys or informal research can help identify what the target audience perceives as the most effective ways to reach people.

A Word of Caution

There is a proliferation of unethical marketing practices to engage those with BHDs in treatment (i.e., patient brokering). Caution should be used when developing campaign messages, identifying partners, and using social media as a platform. The CDC has developed two guides, Health Marketing Basics | Gateway to Health Communication | CDC and CDC Social Media Tools, Guidelines & Best Practices to assist in the planning and development of social or health marketing practice and social media messaging.

See: Recovery Research Institutes' Guide on Unethical Practices

https://www.recoveryanswers.org/resource/ scams-corruption-addiction-industry-explained/

Health Marketing Basics | Gateway to Health Communication | CDC

CDC Social Media Tools, Guidelines & Best Practices

INTEGRATING SOCIAL MARKETING PRINCIPLES IN PLANNING

The fundamental principles of marketing (i.e., product, price, place, and promotion) described previously can be used in social marketing to promote behavior change and can be used to cultivate a framework for planning stigma reduction campaigns from the point of view of the target audience. From a social marketing perspective, it is essential to ask the following questions when planning your campaigns.

Establish a Communication Objective

What are you trying to do? What specific aspect of BH-related stigma are you trying to address? What are your goals and objectives?

Determine the Target Audience

Who are you trying to reach? Who is your primary audience? Who are your secondary audiences?

Identify Current Attitudes

What does your target audience currently believe to be true about BH or recovery?

Determine Desired Attitudes

What do you want them to believe differently about BH or recovery?

Establish Desired Action

What do you want the audience to do as a result of your message?

Identify the Primary Selling Proposition

What is the benefit for the target audience?

Provide Support

What research, proof, other successes, or evidence exists to support your message?

Determine Campaign Personality

What kind of tone do you want to utilize (e.g., humor, suspense, educational, somber, non-condescending, factual, etc.)?

Establish Indicators of Success

How will you know that you have succeeded or made progress?

USE LESSONS LEARNED from PREVENTION in PUBLIC HEALTH

Public health and BH have incorporated health communication and social marketing principles for several years. These efforts have identified several lessons learned that can be used to enhance the effectiveness of stigma reduction efforts.

Identify Positive Outcomes for the Audience

Messages that focus on rapidly achieved positive outcome are more effective than messages, which focus on future negative consequences. Identify such outcomes experienced by people who are improving their BH conditions, or who are in recovery, as well as for the target audience.

Promote Message Repetition

To solidify your campaign's impact, use a single, repeated message through multiple channels, within different events, and through all campaign materials and efforts. Establish and maintain a consistent message, although it can be stated in different ways for different people.

Use Multiple Media Channels

To amplify your campaign's message, establish an array of communications such as radio, television, the internet, social media platforms, and print media. Use a variety of strategies, including newspaper op-ed articles, magazine letters to the editor, radio public service announcements (PSAs), local talk shows, billboards, and flyers. Use the most appropriate channels for the target audience, which you may have used your initial assessment process to identify.

Combine Media Efforts with Face To-Face Efforts

Leverage the reach of your campaign with a variety of interactions, including small group information sessions, larger town hall meetings, and individual sessions. Such meetings can carry out, expand, and provide more details about the basic message.

Use Opinion Makers

Elevating the importance of your message may be optimized when other leaders, groups, and personalities are involved with all phases of campaigns. Identify and recruit people who are respected by the target audience to help make your case.

Establish Modest Goals

Implement your campaign using goals that are reachable, meaningful, and will make a difference. Some coalitions utilize an acronym; SMART, which translates to specific, measurable, achievable, realistic, and timely. Use them as a foundation on which to build and expand further stigma reduction activities.

Use Multiple Approaches in Your Campaign

A successful, sustainable campaign uses multiple approaches or strategies to reach multiple audiences over time. Utilize the six SAMHSA prevention strategies of information dissemination, education positive alternative, environmental, community based and problem identification/referral described earlier in this guide to reach different target groups with the most meaningful approach.

Include Service Delivery

Sustain campaign engagement by integrating mechanisms for public relations. Mechanisms can include having a website, a toll-free phone number, or an address to help people obtain further information or participate in the campaign.

USE PUBLIC SERVICE COMMUNICATION CAMPAIGNS

Public service communication campaigns involve the use of mass media to deliver messages through various media channels, including online, television, radio, video, newspapers, direct mail, social media, billboards, and advertising. Mass media strategies can be provided alone or in combination with other efforts, such as school-based, church-based, and community-based programs and activities.

Public service communication campaigns can be used to increase general awareness, convey factual information, and counter misinformation. They can also be used to encourage behavior change, foster changes in interpersonal and social processes, promote community-based interventions, or promote public action. They can be used to change the way people think, act, and feel.

Public service campaigns that focus on interpersonal and social processes are grounded in the fact that individuals are enmeshed in a social environment and a network of social relationships that affect their behavior. Campaign designers, therefore, attempt to create a social space that affects individual behavior. They do this by encouraging changes in perceived social norms and attempting to stimulate interpersonal communication.

Individual behavior is greatly influenced by perceptions of popular opinion and perceived expectations for appropriate roles and behaviors. Messages about people who have successfully made a specific behavior change or that individuals are judged according to their behavioral choices can be very effective motivators for change. Such messages are staples of commercial advertising.

Get Coverage from Mass Media

Most stigma reduction campaigns ultimately seek to mobilize public opinion in favor of positive messages about BH, treatment, and recovery. To do so, campaigns need to communicate not only with people who support these positions, but also with the community through the mass media, such as television, radio, social, and print media. Broadcast, social and print media are more likely to report on stories when they have local angles, have broad support, or are controversial. A campaign consisting of multiple local organizations and leaders can convince media decision makers that a story is worth reporting. Thus, getting the attention of the media is an important step of any campaign.

Develop a Media Relations Plan

Effective campaigns include a written media relations plan. This plan identifies the campaign goals that would most benefit from media coverage. Media relations plans also identify which subgroups of the target populations to reach through specific messages. The plan should also identify which campaign members will—and can—have relationships with the media. Additionally, it should identify specific goals for media relations, such as who, what, where, when, why, and how. Finally, it should identify any needs for media relations training required by campaign members.

Establish a Media Relations Committee

Campaigns should establish a media relations committee to organize and monitor media relations activities.

The committee should include people who are also members of media relations committees at their respective nonprofit programs, government agencies, or companies. The members will provide the campaign with training, expertise, and connections to media and media professionals.

Find Volunteer or In-Kind Media Experts

Local businesses often have marketing departments that include experts in public relations, media relations, and advertising. Ask the business owner to loan a marketing department staff member to the campaign to provide advice and guidance.

Similarly, most advertising and public relations firms provide pro bono services and may donate services to nonprofit groups or grassroots campaigns, such as technical assistance.

Use Regional Linkages

Local media are more likely to cover and report on media events when messages are tied to local concerns. Ensure that when outreaching to local media outlets that your information contains direct linkages to local concerns, communities, or organizations.

Identify Newsworthy Elements

Make distinctions between goals that are important to the campaign and those that are newsworthy. Make them newsworthy by selecting inspirational examples, identifying people who can tell their

stories, preparing sound bites, and assembling facts and figures. These will put a personal face on the issues, illustrate the effects of stigma, and provide newsworthy ways to make the case.

Develop Media Relationships

Establish and maintain relationships with editors, reporters, bloggers and other local media. This increases the likelihood of coverage for campaign activities—including both startup activities and ongoing coverage. Meet with media representatives, give them background materials and contact information, and ask them what you can do to help make their jobs easier.

Respond To Breaking News

Throughout, there will be many instances of BH-related news. These might range from the release of research findings to general coverage of the field. If there is a strong link between a hot news item and your campaign, frame the news item in terms that can promote the campaign, prepare responses to the breaking news, and develop sound bites.

In this way, your campaign can "hitchhike" with the breaking news and help the media prepare local angles to national stories.

Prepare Sound Bites

Media representatives want answers to such questions as who, what, when, where, why, and how. Prepare specific and concise responses. To maximize the impact of your message, prepare several 10- to 12-word sound bites for broadcast media and several one- to three-line quotes for print and digital media outlets, as well as social media.

Prepare Responses to Misinformation

News is dynamic, unpredictable, and not in your control. People will have goals and opinions different from your campaign.

Someone will undoubtedly misrepresent your campaign at some point. You should respond, and do so in a way that includes providing the correct information without disparaging the original source. It will be important to develop response plans, including who will speak on behalf of the campaign. A trusted community leader who is not part of the campaign might be the best person to respond to damaging campaign misinformation.

MAKE EVENTS NEWSWORTHY

The following illustrates a few ways to make your campaign events and activities attractive to the media. These can increase the media's interest and thus the likelihood of being covered. Review the following and brainstorm ways to make your event newsworthy.

Link with a Recent Event

Is there a recent event that related to BH-related stigma (i.e., a local incident, celebrity death, or passage of a law)? Does your perspective provide an interesting angle?

Link with an Ongoing Controversy

Is there an ongoing news story about which you have a strong opinion—whether in agreement or opposition? These can include a debate in Congress or a news story about television programming. Does your perspective provide an interesting angle?

Link to an Upcoming Event or Public Health Campaign

Is there an upcoming BH-related event about which you can comment or to which you can piggyback your efforts? Such events can include the imminent passage of a law or budget, the release of annual BH statistics, or the retirement of an influential personality. Annual public health campaigns such as Alcohol Awareness Month (April) or Mental Health Awareness Month (May) can be used as launching points for services, events or media contact.

Link to an Anniversary

Is there an upcoming anniversary of some notable event (i.e., the anniversary of a death, passage of a law, creation of a treatment program) with which you can link your efforts?

Link with the Release of a Report

Treatment programs, advocacy agencies, health districts and community-based organizations and City, State, or Federal agencies conduct BH related studies; often released without fanfare. Use these as the basis for media events to publicize and celebrate treatment success.

Link with a Community Event

Events such as a BH program's 10th anniversary, the renaming of a treatment program, or having a street named after a famous individual in recovery offer a newsworthy platform. Other events may include a community program receiving, or in some cases, not receiving funding that is vital for community services. Additionally, the death of an individual who had been refused much needed help may provide opportunity for campaign recognition. Be mindful of this note of caution when linking to negative news. Extol the solutions your campaign is endeavoring toward a healthier community. This will alleviate any potential unintended exploitation of tragic news.

Link with a Celebrity

Do you know an accessible celebrity or personality who may be willing to join your efforts? Even local celebrity status may yield considerable attention for your campaign. Consider recruiting local sports, media personalities, civic leaders, and entertainers to assist with your cause.

III. Promote Your Campaign

INITIAL STEPS FOR PROMOTION

SAMHSA's SOCIAL MARKETING PLANNING PROCESS and the CDC's Simply Put guide for developing communication materials can greatly increase the professional look and feel of a campaign and increase exposure. There are several resources listed in this guide that can help you develop materials and promote your campaign. The following tips can help you get started.

1. **Develop a Memorable Campaign Name**

   Campaign names should be self-explanatory and straightforward. A campaign name that instantly conveys the campaign's primary goal will elicit name recognition more than a less obvious name or accessible to public understanding. Remember that you are working to draw templates to develop online or print campaign handouts, background materials, press releases, fact sheets, activity updates, and other materials. When all campaign materials have the same look and feel, the campaign appears professional.

   Consistent visuals, when coupled with consistent and catchy vocabulary, are considered branding. Branding is not just for corporations, so be sure to incorporate branding into all promotional elements of your campaign, discussed later. A campaign name does not need to convey every aspect of the campaign. Consider using a campaign name that forms a witty and smart acronym.

2. **Acquire an Eye-Catching Logo**

   Name recognition is enhanced with a memorable logo. Hire a professional or volunteer graphic arts specialist to develop professional-level logos that carry out the campaign's theme. Be sure to use theme and logo across the campaign website, social media outlets, letterhead, envelopes, handouts, brochures, flyers, posters, advertisements, and giveaways, such as bookmarks.

3. **Compose a Campaign Template**

   Develop simple design templates into which different content can be placed, such as text, images, and video. It should include graphic design elements, the campaign logo, contact, and other pertinent information. With this template, materials can be easily and quickly prepared.

4. **Create a Campaign Brochure**

   Even if funds are limited, it will be important to develop a brochure, or some other type of handout that explains the goals, objectives, and mission of the campaign. This handout should also list campaign leaders and provide contact information. The brochure, infographic, or other handout can serve as a promotional device to recruit new participants. It can also serve as a tool to answer the most commonly asked questions about the campaign. There are several free online programs for creating eye-catching flyers and infographics.

5. **Develop Compelling Fact Sheets**

   Fact sheets can provide a wealth of background information about stigma, the effects of stigma, examples of stigma, personal stories about stigma, and statistics. Fact sheets can also provide campaign specific information, such as upcoming activities, campaign updates, campaign principals' biographies, and campaign successes and outcomes. Fact sheets should be easy to read, and offer significant bullet points.

6. **Launch a Campaign Website**

   Even smaller campaigns can create websites, especially with several clicks and build platforms now available. College students and young website programmers are often eager to enhance their resumes by developing and maintaining free or low-cost websites. Simple websites can be created and held for minimal fees, and many agencies and organizations will host websites free as a charitable act. The most basic website could consist primarily of the information developed for the campaign brochure. Ideally, it should include campaign handouts, background materials, press releases, act sheets, personal stories, upcoming activities, campaign updates, and campaign successes and outcomes. Remember to incorporate your logo and another branding for consistency and recognition.

7. **Develop a Social Media Presence**

   Social media encompasses a robust set of tools for drawing people together who share a common interest. Social media is also useful for engaging and interacting with people. Based on the campaign's resources, goals, and objectives, identify the types of social media outlets to use. These can include blogs, Twitter, Instagram, YouTube, Facebook, and LinkedIn. Use social media to engage the target audience by delivering messages, promoting new material, announcing events, and encouraging communication among stakeholders. Work to set up accounts, develop content, and monitor activity. Link your various social media accounts with your website, with each other, and on documents, for consistency and higher engagement.

8. **Obtain Promotional Items**

   Advertisers use branding and promotional items for a reason—they increase name recognition and associated response. Without spending much money, a campaign can develop a few simple promotional items (i.e., T-shirts, hats, coffee mugs, ink pens, or bookmarks). A big impact can be created in small quantities. Imagine the effect of a press conference to announce a campaign kickoff, at which a dozen campaign members are wearing campaign T-shirts and the mayor is wearing a matching campaign baseball cap.

9. **Participate In Talk Shows**

   Throughout the life of the campaign, use local media opportunities to promote the campaign. Campaign members can participate in webinars, social media events, talk radio programs and local talk shows. Consider a team approach in which a campaign spokesperson and an individual who has a personal story to tell about stigma appear together. Make sure that the spokesperson's personal story and messages share common goals, objectives, and themes. We'll discuss details about media interactions in the following sections of this toolkit.

10. **Write an Op-Ed Column or a Blog Post**

    The opinions and editorials sections of newspapers and online entities, called the Op-Ed or Blog post sections, are typically written by experts, organization representatives, political leaders, and citizens. Op-Ed columns and Blogs are effective, powerful, and inexpensive ways to inform and educate large numbers of people. Develop an Op-Ed column or a Blog post about a campaign kickoff or a BH related event in the public media. We discuss Op-Ed and other writing activities later in the toolkit.

COMPOSE A PRESS RELEASE

A press release should be developed in conjunction with every significant event conducted by a campaign. Editors receive numerous press releases each day, have limited time for review, and focus on those considered newsworthy. A press release is your opportunity to convince the media to cover your event or story. A sample Press Release template is included below. SAMHSA includes a sample-press-release developed for a children's mental health campaign in its Digital Media Best Practices guide./www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/sample-press-release-2018.pdf

Provide Contact Information

As shown on the sample press release on the next page, the campaign name and address should be placed in the upper left of the press release. The name of the primary contact person, daytime and evening telephone numbers, and email address should be placed in the upper right of the release. As discussed in other sections, your campaign should have a specific point person for media interactions.

Provide Release Date

At the top of the page, place the date of the press release. State For Immediate Release, unless there is a reason to ask the media to release the information on a later, specific date. Consider this type of release to engage multiple media organizations to act on the information at the same time. In that case, state "Embargoed for Release Until: (Month, Date, and Year)."

Carefully Write Text

Develop a brief headline that clearly states the main point of the release. The first sentence should be a concise, to the point, and a compelling summary of the press release and story. In the first few sentences, provide an answer to the Five Ws: who (the complete name of the campaign), what (an event or activity), when (date and time), where (name and address of place), and why (the primary purpose of the event or activity). Limit the press release to one side of one page of double-spaced text of approximately 250 to 300 words. Use ### to denote the end of the press release.

Send the Release in Time

Send the press release at least 2 weeks in advance of public events—and include a copy to community events editors—for print newspapers, and no less than 2 days in advance of media-only events, such as press conferences. For online news sources, refer to websites for submission requirements. Send press releases immediately after events, online or perhaps by courier. Call each media outlet in advance to determine the best person to send the release.

Keep It Simple

Do not use jargon or field-specific acronyms. Explain what is not self-explanatory. Do not exaggerate or overinflate. Ensure the accuracy of the information. Finally, have the release profession.

Sample Press Release

[INSERT DATE]

[INSERT ORGANIZATION NAME,
ADDRESS,
etc.]

[INSERT CONTACT PERSON,
NAME, ADDRESS]

FOR IMMEDIATE RELEASE

STIGMA TOOLKIT RELEASED

People concerned about Behavioral Health (BH) related stigma now have a tool designed to help them conduct stigma reduction activities.

[INSERT ORGANIZATION AND BRIEF DESCRIPTION, *e.g., a Silver Spring, Maryland based non-profit organization focusing on BH care, has released A Guide to Reducing BH Stigma* .] This guide describes a series of practical strategies that can be used by community activists, treatment professionals, and the recovery community to prevent the stigma associated with BH Disorders.

People in recovery often experience stigma, which can be as serious, disruptive, and dangerous as the disorders themselves. It ranges from emotional problems —such as shame—to medical crises— such as denial of medical services. Family members and treatment providers often experience stigma. Thus, this guide was designed to empower concerned people to conduct activities, such as media advocacy, to diminish and prevent the effects of BH-related stigma.

This guide provides many practical approaches to prevent stigma, such as writing letters to the editor to implement community-based stigma reduction campaigns. It is designed to help people concerned about BH-related stigma channel their concerns, frustrations, and even anger into positive action.

###

DEVELOP A PRESS PACKET

A press release provides basic information and encourages decision makers to cover an event or a story. A press packet is designed to provide background and reference materials and is a mechanism by which you can help to frame the story in the way that you want the story told. A Press Packet can be digital and sent electronically.

See Worksheet 4—Press Packet Checklist

Assemble a Press Packet Folder

A folder—within which the press packet information is contained—includes the campaign logo and contact information enhances the name recognition of the campaign. It also decreases the need for editors to hunt around for contact information.

Insert Campaign Collateral

When disseminating marketing materials, promotional items such as fact sheets and brochures, are collectively referred to as collateral. This term may also include other promotional items that would not go into a folder. Include a campaign brochure that explains the goals, objectives, and mission of the campaign; lists campaign participants or leaders; and provides contact information. Include relevant fact sheets, such as those describing stigma, the effects of stigma, examples of stigma, personal stories about stigma, statistics, upcoming activities, campaign updates, campaign principals' biographies, and campaign successes and outcomes.

Include Photographs of Principals and Events

The media prefer taking their own photographs. However, a compelling photograph of an event or a poignant situation may grab the attention of an editor or writer, especially if the media have not previously covered photographs of campaign activities or principals. Provide 5-inch-by-7-inch (or larger) glossy photos, or high-resolution digital photographs. Whether in digital or print format, be sure to describe who is in the photo from left to right, when and where the photo was taken, and credit the photographer. In general, a photo release form is not needed at a public event. Check with your organization and follow their recommendations. Public events do not have the expectation of privacy and if a photographer is visible, the participants can expect that they may be photographed. To be considerate of your participants' privacy concerns, post a sign at the event that photography or filming is occurring. You can also add a notice of photography/filming information on registration and check-in forms and may include a consent to photograph signature to maintain transparency.

Include and Highlight Accolades

Include copies of any published letters to the editor and Op-Ed articles developed by campaign participants. Also, include copies of any articles written by the media that favorably describe the campaign efforts.

When a campaign principal gives an important talk, use the opportunity to write out the speech, have it carefully edited, and published. It can become an important background paper and reference.

Place these highlights, along with your campaign brochures, fact sheets, photos, and other materials on the campaign website.

CONVENE A PRESS CONFERENCE

A press conference is a single event that provides a wealth of information, delivered by multiple speakers through various formats, to several media representatives. Press conferences provide a platform for messages from spokespersons and people telling their stories. Additionally, they demonstrate support from community leaders. They are a great option because of their flexibility, including verbal messages, visual images, video presentations, and comprehensive communications about the campaign.

1. **Plan the Event**

   Begin planning several weeks before the event, by determining event goals and objectives. Ensure a smooth process by identifying all materials that would support those goals and objectives. Follow through by preparing press packets, as previously described. Also, prepare posters with graphics and a large banner with the campaign name. Polish your event by developing relevant attention-grabbing props. Finally create a list of reporters and editors to invite. To stay organized, consult the checklist included in this toolkit.

See Worksheet 5 – Press Conference Checklist

2. **Identify and Prepare Speakers**

   Creating impact with a press conference requires the recruitment of compelling or high-profile speakers. Identifying the best people to deliver messages, such as a spokesperson or community leader, can help reduce stigma, especially when paired with someone in recovery who can tell their story. It is crucial to assign a press conference moderator and select one who supports the campaign.

   As you prepare, write out all statements to be made by all presenters—limited to about 10 to 15 minutes combined. It is also important to develop sound bites and potential questions, and brief and concise answers. Ensure that all speakers are well versed in using positive, non-stigmatizing language in all remarks.

See Worksheet 6 – Press Conference Speaker Tips

3. **Planning Details**

   Consider all necessary logistics, such as space for reporters and camera crews, parking spaces for participants and media, tables for handouts, props, and audiovisual equipment (i.e., microphones, laptops, projectors, and screens or smart televisions). Scheduling the conference in the morning increases the likelihood of making the evening television news and newspapers deadlines.

See Worksheet 7– Presentation Planner and Worksheet 8 – Audiovisual Form

4. **Communicate with the Media**

   Communication with the media ahead of the event is essential to a successful press conference. Initiate communication by sending a media advisory ahead of the press release and press packet. A media advisory is somewhat like a save the date, informing the media about an upcoming press conference. Using the press release template described earlier, simply replace the press release headline, with the phrase Media Advisory. The body of the media advisory states the place, date, and time of the press conference. Many organizers choose to live stream their press conference to provide greater access. Include any streaming or archiving information in your media communication. Be sure to include one to two paragraphs of explanatory text describing who, what, when, where, and why. The media advisory should be in the hands of media editors no later than 3 or 4 days before a press conference. After you send the media advisory, send your press packet. This packet will include relevant fact sheets, and presentation text; and this should be done at least 2 days prior to your press conference.

5. **Practice the Presentation**

   Before the event, develop a plan that includes the names of all speakers and the order of their presentations. The goal should consist of each person's full name, title, and the title of his or her brief presentation. On the day before the press conference, conduct a practice press conference to identify conflict areas and redundant statements. If you use props, practice using them. Check your audio visual equipment, technology, and streaming capability at this time. Time the practice to ensure that it does not exceed 15 minutes. Conduct practice question-and-answer sessions to provide concise, accurate answers in less than 30 seconds.

6. **Meet and Greet**

   Someone within the campaign team should assume the role of logistics coordinator. This may or may not be the campaign media point of contact, depending on the team's capacity. The coordinator should ensure that everything is set up, all participants present at least an hour prior, and any last-minute problems are addressed before the press conference.

   The coordinator should develop a standard sign-in sheet for all media representatives, gathering names, titles, affiliations, and phone numbers. Utilizing sign-in sheets are simple and effective promotion tools; as it will grow and update the media contact list. The logistics coordinator should welcome media representatives and provide them with press releases, press conference agendas, the presentation text, and press packets. The logistics coordinator should also assist them with signing in so they do not bypass the sign-in sheet. The coordinator can hand out written materials and help to meet special requests from the media, such as interviews. When the logistics coordinator and media point of contact are assigned to different campaign members, ensure the development of consistent messaging and interview skill sets between the two.

7. **Manage the Press Conference**

   The moderator should briefly welcome everyone, thank them for coming, and then introduce the first speaker. After the final speaker, the moderator should invite questions (be prepared for 20 minutes of questions). The moderator should be prepared to assist each speaker with props and audiovisual equipment. Additionally, to help speed things along, the moderator will assist if a speaker becomes stuck or long winded. Be aware of potentially contentious exchanges, which sometimes arise when

stigma is present. Be alert to sensitive or hostile engagements in order to shift the tone in the favor of the campaign rather than discrediting the campaign. The moderator should be able to assist in redirecting aversive discussions to ensure timely conclusion. The overall event should last no longer than 30 minutes.

Conduct Press and Editorial Briefings

In addition to press conferences, campaigns may target other media-related events that are less intensive. These include press briefings and editorial meetings, which serve to educate, provide information, and develop positive working relationships with the media. These activities can be conducted in lieu of or before a press conference to introduce the campaign to the media. They also provide media, background on the problem and a credible source to utilize when reporting on stories that may have a BH-related angle related to community interest. Even if not explicitly stigma-related, all BH community interest stories provide an opportunity to reduce stigma.

Convene Press Briefings

As previously described, a press conference is a formal event used to get the media's attention, get your message out, and encourage the media to cover your story. Alternatively, a press briefing can be an informal event designed to provide background information and material to the media, typically in advance of an upcoming event. The goal is not necessarily to solicit media coverage at the moment, but to provide timely information to the media that establishes you as an authoritative resource. In addition, press briefings can be convened when a campaign principal returns from an important national or international conference, especially one at which the principal spoke. Press briefings can be conducted as breakfast meetings or in other, less formal settings. Provide the same types of background information at a press briefing as one would provide at a press conference, such as fact sheets and background papers.

Participate In Editorial Briefings

Many media outlets invite experts to meet with their editors, writers, and reporters to provide briefings. Contact your local media outlets and ask if they would be interested in having a principal from the campaign participate in an editorial briefing. If an individual is invited, these are outstanding opportunities to gain the editorial support of a media channel, newspaper or publication. This, in turn,

can be very influential in shaping policy decisions and public opinion. If invited, do your homework. Examine how media outlets can improve their coverage of BH-related stigma. Be prepared to provide a brief presentation that includes an overview of the situation, names of the major players, positions on both sides of issues— when relevant—and reasons why covering the issue is newsworthy. Be prepared to provide answers to a variety of questions. Be prepared to provide the media outlet with any benefits to their organization. For example, many journalists have a list of experts that they can reach out to when topic related stories or events occur. Having a reliable contact or source that can provide a timely response and accurate background information is of great benefit to members of the media.

PARTICIPATE IN MEDIA INTERVIEWS

The interview is the fundamental mechanism for media representatives to elicit information from others and for campaign participants to provide essential information. It is important to know that once you have proven yourself valuable to a journalist, they will continue to contact you to provide comment or related interview sources in the future.

See Worksheet 9 – Interview Tips and Worksheet 10 – Media Interview Checklist

1. **Do Your Research**

   Conduct research using current and credible sources to compile pertinent facts, figures, and statistics to make your case. Inaccurate information will discredit your efforts and backfire. A word of caution for passionate campaign members: it can be easy to follow tangential stories and get off track. Stay focused on the specific talking points, and take note of contextual information as needed.

2. **Prepare the Message**

   Do not give interviews without significant preparation. Carefully develop your goals and objectives. Then, establish the main points that can support these goals and objectives using the collected research data. Develop these into bullet points on paper and review them several times. Distill your primary points down to a basic message: What would you say if you could only say one sentence? That should be your message or theme. Everything else you say should support or enhance that message.

3. **Prepare Sound Bites**

   Remember, interviewers want answers to questions such as who, what, when, where, why, and how. Anticipate and develop specific answers to likely questions. Prepare 10- to 12- word sound bites for broadcast media and several one-to-three line quotes for print media.

4. **Be a Great Listener**

   Recognize that communication is a two-way street. When reporters ask you questions, they often paraphrase your answers and then ask for more detail, in part to ensure that they accurately understand you.

   When they do not, repeat your point, perhaps using different language. Develop a rapport with the reporter by acknowledging when they have asked a great or difficult question. Finding a balance between conversational and professional communication may take some time, but it is important for representing the campaign. Additionally, it reinforces the credibility of reducing BH-related stigma.

5. Remain On Message

In some situations, reporters may purposefully mischaracterize your statement, play the devil's advocate, or state the opinion of a real or hypothetical opponent of your position. This situation is not unusual with topics that may have controversial viewpoints and a great deal of public opinion such as BHDs. These topics may be easily sensationalized to attract viewers and readers. It is important to understand that the following strategy is crucial to maintaining the integrity of the campaign:

1. If your message is mischaracterized, do not correct the reporter.
2. Restate your message, perhaps saying the same thing using different words.
3. Keep your cool, and as we discuss below, remain professional.

6. Remain Professional

A reporter or editor may use a casual interview style. Always remain formal, even during interviews over the phone. Imagine that you are speaking to a roomful of people. Adopting a casual attitude may prompt you to talk about behind-the-scenes politics or internal disagreements, none of which helps get out your message. Admit when you do not know.

If you do not know the answer to a particular question, acknowledge that you do not know the answer but that you will find out. This gives you an opportunity to follow-up and provides further information to support your topic. Never make up an answer and avoid speculation. There is nothing wrong with simply saying, "I do not know, but I'm happy to find out and follow up with you." This can create an ongoing dialogue with the media and engage community members who were unreachable before. As we discussed earlier, if you are sure that there is conflicting information, it is appropriate to defer to more research to inform everyone.

7. Provide Additional Resources

Before the interview, prepare a list of individuals participating in the campaign who can provide additional information. Includer complete names, titles, and contact information. In addition, have a list of relevant stakeholder names, organizations, and contact information, as reporters will sometimes ask for additional resources.

For the Record – On and Off

Within limits, you can vary how you are quoted and named as the source of the information you provide. When it comes to speaking on the record, most, if not all, of an interview is typically "on the record." This means that it is safe to assume that you explicitly provide the interviewer with permission to print, publish, air, and quote what you are saying. However, there may be times when you want to provide information or a quote but do not want the quote attributed to you. "Speaking off the record" allows you to offer unique insights into a situation, but the quote will be attributed anonymously, such as to "a knowledgeable source." Additionally, you may want to "speak on background" when you want to describe some of the politics or events that led to the current situation without information being attributed to you. You may ask the reporter to hide completely where the information was obtained. Before speaking off the record, you must receive an acknowledgement or agreement from the interviewer to ensure that both parties are in agreement with how the information is to be used.

AVOID COMMON MEDIA PROBLEMS

Most people engaged in stigma reduction activities are not media experts. While this toolkit provides many strategies to navigate the media, it is also important to point out potential blunders and provide foolproof resolutions. Take into consideration several common problems that can make or break a campaign event.

1. **Know What You Should Know**

   If you are speaking on behalf of a campaign, make a strong effort to have a very good understanding of the issues. As discussed earlier, homework and practice are essential to fortifying campaign credibility. Write out the goals and objectives, primary message and supporting points, prepared answers to expected questions, and sound bites for online, print, and audio.

2. **Avoid Over-Rehearsing**

   Messages that are contrived, rigid, and repeated word-for-word across multiple media channels can be just as detrimental as unprepared messages. Over-rehearsed content may also be perceived as uninformed, as the public may attribute the rigidity to lack of knowledge or lack of comfort with content.

3. **Be Prepared**

   Messages should be carefully thought out and designed to meet the goals and objectives of the campaign. However, messages should sound fresh, not memorized.

4. **Stay on Schedule**

   Showing up late, uncoordinated, and unprepared may discredit campaign progress. The appearance of disorganization may be aversive for potential stakeholders who might otherwise reach out to join your cause. Develop timelines, schedules, calendars, and agendas to keep activities on track.

5. **Handle Questions like A Pro**

   Everyone gets nervous before engaging in events and presentations that are important. Sometimes

a bit of nervousness can promote high performance, and sometimes a bit of nervousness can pre dispose us to being caught off guard. Do not get flustered or angry. Prepare answers to likely questions and conduct mock question-and-answer sessions. Practice.

6. **Shake off Mistakes**

   If you make a mistake while speaking, do not draw attention by talking about how nervous you are or covering your mistake with a joke. Quickly correct and resume your presentation.

7. **Focus on Your Key Messages**

   Stay on message at all times. Commentary on other organizations, activities, local officials, and other institutions may alienate current and future partners.

8. **Get Comfortable With Audiovisual Aids**

   Practice your presentation using all audiovisual aids that you will use during the real presentation. Practice the setting up and connecting of projectors, laptops, adapters, and cables. This includes testing microphones, turning lights on and off, operating DVD players, testing URL's in presentations, identifying power supplies and potential extension cords, and flipping flip charts.

9. **Master the Use of Props**

   Props can add value, make points, and create interesting visuals that the media find newsworthy. Mishandling or dropping them will backfire and appear amateurish. Practice picking them up, handling them, and using them during your presentations.

WRITE AN OP-ED COLUMN or a BLOG POST

Newspaper op-ed columns and online journal blog posts are wonderful mechanisms to reach and inform people about BH-related stigma. Op-Ed columns and Blog posts deliver expert content and detail and can be particularly useful when related to recent or upcoming events. As with other campaign messaging before writing an op-ed or a blog post:

1. **Identify Your Message and Audience**

   Before composing, keep in mind that op-ed columns and blog posts are brief, so you must be concise and direct. Identify your target audience. Are you trying to inform the general public? Are you trying to change the mind of a decision-maker, such as the Governor? After you identify your audience, select perhaps three primary points and make them with well-supported facts. And remember, an Op-Ed or a blog post is an opportunity to provide facts accompanied by an expert opinion and to be forceful.

2. **Select the Appropriate Channel**

   Which newspaper, magazine, website or online journal is the most appropriate for your message and target audience? Prominent newspapers, such as the Washington Post, may be most suitable to reach national audiences. However, local newspapers may be ideal for local action. As long ago as 2009, a Pew Institute survey found that more than 61% of adults use internet sources such as websites and blogs to receive health information. Online channels can be an excellent opportunity to reach your target audience.

3. **Understand Their Style**

   Before writing, read examples to understand the format, tone, length, and style of Op-Ed columns in the selected newspaper or online source. Contact the editor for instructions and the length rules (typically about 700 words).

4. **Develop the Core of the Article**

   Carefully craft the core message for the article, typically with three main points. If the eventual column or post will be 700 words, develop a core message of approximately 600 words. The remaining text can be used to reflect on the relevant news hook described later. Once you have composed, elicit feedback from others to get it as polished as possible, and have it professionally edited.

5. **Remain Focused**

   Do not overwhelm the reader. You may have many points to make, dozens of illustrations, lots of facts and figures, and many recommendations to prevent stigma. But limiting your points, examples, and recommendations keeps your message focused and your reader engaged.

6. **Make It Relevant and Local**

   If your audience is local, provide local examples of stigma. Use local statistics. Mention specific local decision-makers if the column is meant to change their attitudes or behaviors. If part of a campaign, mention the name of the campaign, leaders, and sponsors.

7. **Be Accurate**

   Do your research. An inaccurate column or post will not be accepted, read, or respected. It might backfire. Use authoritative facts.

8. **Be Specific**

   Do not be vague, do not make people guess, and do not make people read between the lines. Say what you mean and provide specifics.

9. **Bolster Your Argument**

   Use a mix of facts, statistics, quotes from leaders, and statements from authorities. Let the reader know that leaders or other experts share your opinion.

10. **Anticipate the Opposition's Argument**

    Explain why an opposing side's arguments are wrong or perhaps not as strong as your position. When true, admit that the opposite side may have some valid points.

11. **Wait for a News Hook**

    News hooks include anniversaries of important events, recent events, and upcoming newsworthy events, such as pending legislation. The news hook must strongly relate to your article.

12. **Add the Introduction**

    Once the news hook occurs or is about to do so, develop a robust and brief introduction that: (1) connects the news hook and your core message, and (2) summarizes your core message.

13. **Follow Instructions**

    Newspapers and online journals get many editorial and blog submissions daily. Follow their instructions for submission precisely.

14. **Publicize the Op-Ed or Blog Placement**

    Once it is published, disseminate your piece to key decision-makers, supporters, and anyone who may further send it to others.

WRITE A LETTER TO THE EDITOR

Another writing tool your campaign can utilize is a letter to the editor of a newspaper or magazine. These can be traditional or online. These strategies can be a useful way to comment on a recent news event, inform people about an issue, and inform readers about your campaign.

1. **Follow the Directions**

   Newspapers, journals and online entities have specific rules about length, but most letters to the editor are less than 300 words, which is one to two double-spaced pages of text. The letters to the editor page or the newspaper website will typically include specific instructions. Follow them exactly.

2. **Get to the Point**

   Since a letter to the editor is brief, identify the most important point you would like to make. Make that point as briefly and simply as possible. Do not try to make too many points.

3. **Establish Your Credibility**

   In as few words as possible, state why your opinion matters, whether it is because of your authority or experience.

4. **Connect To a News Hook**

   Newspapers, journals and online entities want your letter to the Editor to link to a previous article in their newspaper and to current or recent news events. Briefly but explicitly make the link in the first line or so.

5. **Connect To a Local Issue**

   If the entity is local, provide local examples, local issues, and local illustrations to make your point.

6. **Use Few Facts And Figures**

   Do not guess. Get your facts straight. Use authoritative facts and figures.

   However, only use enough to make your point. Do not overwhelm the reader with unnecessary statistics, details, or issues.

7. **Make a Link to Other Efforts**

   If your letter to the editor is part of an organized campaign, be sure to mention the name of the campaign. The point may be to prompt readers to seek additional information, such as a campaign website or a series of regular meetings.

IV. CONDUCTING COMMUNITY AND MEDIA-BASED CAMPAIGNS

There are numerous approaches to prevent or reduce BH-related stigma. A common approach is to utilize a community-based campaign with mass media or media advocacy components. When conducting such campaigns, you should pay careful attention to the phases of assessment, planning, implementation, and evaluation. We will provide a brief overview of the process, followed by more detailed information to assist your efforts.

PHASE 1
CONDUCTING A CAMPAIGN STRATEGY NEEDS ASSESSMENT

Phase 1 involves gathering and analyzing community information to help shape the boundaries of a campaign. Community data will determine the scope and breadth of the stigma issue to be addressed, the goals for change, objectives that will define and guide the campaign, and types of strategies to be used. Community data also determine the target audience, required resources, available resources, criteria that define campaign success, and actual or potential barriers to change.

The first stage of a needs assessment process is assessing community readiness. The term community readiness describes the extent to which a community is adequately prepared to implement or support a program, such as a stigma reduction campaign. Researchers have identified nine stages of community readiness (Plested et al., 2006). These stages were developed in relation to suicide prevention. However, reviewing these stages can help you to evaluate the potential for conducting a stigma-related campaign, consider community readiness, and help you to get prepared to conduct the campaign.

Stage 1 - No Awareness

At this stage, community or leaders have not recognized that there is a BH related stigma, or that it is problematic.

Stage 2 - Denial or Resistance

At this stage, some community members recognize that the BH-related stigma is problematic. The aware members understand that the rest of the community does not recognize the problem because it does not hit “close to home,” they believe that nothing needs to be done about the issue locally or think that nothing can be done about it.

Stage 3 - Vague Awareness

At this stage, a community may have the general belief that BH-related stigma is a local problem and that something should be done about it. However, knowledge about the local problem tends to be stereotypical and vague or linked only to a specific incident or two. The community does not have an immediate motivation to do anything, and active leadership does not exist or lacks energy.

Stage 4 - Preplanning

At this point, there is a clear recognition that BH-related stigma is a local problem and that something should be done about it. There is general information about local stigma problems, and groups may respond to this issue. However, efforts are not yet focused or detailed.

Stage 5 - Preparation

At this stage, leaders and stakeholders are planning and focusing on practical details. There is general information about local BH-related stigma, and the efforts are gaining modest community support.

Stage 6 - Initiation

At this stage, the community has sufficient information to justify a campaign, but some information may require clarification, especially with stigma related to BH. At this point, the campaign is still in the preliminary stages of development. For instance, campaign workers may still be in training.

Stage 7 - Stabilization

At this stage, leaders are operating, supported, and accepted as routine and valuable activities. Campaign staff members are trained and experienced. Limitations of activities may be known, but there is no sense that the limitations suggest a need for change. There may be tracking of outcomes related to the campaign.

Stage 8 - Confirmation and Expansion

At this stage, campaigns are viewed as valuable and are supported by community leaders and stakeholders. At this stage, community members are comfortable with the activities and may plan to expand or improve them. Data are obtained regularly on the extent of the problem locally.

Stage 9 - High Level of Community Ownership

There is detailed and sophisticated knowledge about the problem, prevalence, consequences, and solutions at this stage. Some campaigns may be aimed at general populations, while others are targeted at specific groups. Highly trained staff members are running the campaign, leaders are supportive, and community involvement is high. Formal evaluations are used to modify programs, and the model is applied to other issues.

CONDUCT A NEEDS ASSESSMENT

Once you have assessed the community's readiness for an anti-stigma campaign, a needs assessment process can be conducted to define the scope of your campaign. The assessment process determines whether a media approach is appropriate and feasible and, if so, which approach will work best. Community needs assessments can also help you avoid duplication of efforts in the community. If the assessment process seems daunting, a helpful strategy is to locate and enlist the help of a local university, health department, or research-based organization to assist.

What Specific Problem Will Be Addressed?

Any campaign must begin with a statement of the problem or issue of concern. It is critical to understand how that problem is embedded within a particular community. It is also important to understand the demographics of the problem, its location in the community, the persons most affected by it, how they are affected, who is already dealing with the problem, and most importantly, the views of different groups in the community concerning the problem.

What Is The Goal For Change?

At the heart of any campaign is a decision about a need for change. What about the BH-related stigma that requires change, and how can that be stated as a goal? How broad or narrow the goal is stated depends on the nature of the problem as well as what was learned about the problem. If the problem is widespread and various objectives are needed to blanket a community with solutions, the goal may be broad.

What Are The Specific Objectives?

Several paths can lead to a goal. Objectives describe specific, measurable steps that must be taken. The path may focus on changing attitudes, knowledge, behavior, social awareness, community behavior, or policies. Multiple strategies may be employed concurrently. If a stigma-related problem has a narrowly defined goal, it may have only one or two objectives. More complex problems may require many objectives over an extended period, with different strategies used at different stages.

Should The Campaign Include Media Approaches?

Many stigma-related campaigns can benefit from a media approach. For example, if a problem is new to the community, media alerts can help people learn more about it as part of an advocacy or community development thrust. If the budget is limited, which approaches would be most effective? Perhaps a media advocacy approach might better fit a limited budget than a more expensive mass media strategy.

Who Is The Target Audience?

Campaigns to change the environment have different target audiences than those seeking to change individuals. If one advocates a policy change, policymakers in the public sector or the business community could be the target audience. If one is seeking environmental change through media advocacy, the media will be the target audience. If one is seeking an individual change, the target audience could consist of a subgroup of the general population.

What Resources Are Available?

It is critical to understand the resources needed and what resources are available for a campaign. Resources may include:

- Funds
- Staff members or volunteers
- Vested community stakeholders
- Opportunities to work with the media

Collaboration with community organizations and leaders early in the planning process can considerably increase success. It can add credibility, expertise, and funds, as well as enhance long-term relationships.

How is Success Measured?

What are the evaluation criteria that define campaign success? During the needs assessment, information gathered can inform the initial decisions that must be made about evaluation. The objectives (i.e., the measurable components of the goal) and evaluation outcomes (i.e., criteria for success) are two sides of the same coin. Data on the target audience, the definition of goals and objectives, and the identification of collaborators all contribute to initial thinking about evaluation issues concerning baseline data, measures, methodologies, and outcomes.

PHASE 2
PLANNING STIGMA REDUCTION CAMPAIGN STRATEGIES

The planning phase involves refining, focusing, and organizing the information gathered during assessments. Planning results in a written work plan for developing and carrying out the campaign. The work plan includes a statement of goals and objectives, activities to carry out, a timetable for implementation and evaluation, a budget, and the identification of partners. Planning involves defining the target audience, selecting campaign approaches, developing messages, developing materials, and conducting baseline evaluations.

Defining Characteristics of the Target Audience

Target audiences' characteristics and media preferences should be identified and analyzed with the selected strategies discussed in this toolkit. This includes demographic characteristics (i.e., age, ethnicity, gender, geographic location, and income), psychographics characteristics (i.e., attitudes, opinions, beliefs, values, and personality traits), and media preferences (i.e., television, radio, social media (which platforms?) or print media).

Select Media Channels

Once you identify and segment the target audience, you can select media channels. It would help to examine various media channels and ways to use them, including the Internet, social media, radio, television, and public service advertisements (PSAs), news programs, information programs (i.e., talk and interview shows), and print media. Consider the compatibility of the media channel with the campaign purpose and audience media preferences.

Develop the Message

What you learn about the target audience will guide the message development. If different target audiences share essential characteristics and media preferences, the message can build on these commonalities. However, your message will fall flat, be disregarded and/or be detrimental without the inclusion of cultural awareness and competence. Consider differences in age, ethnicity, gender, economic status, knowledge, beliefs, outlook, interests, and degree of risk to be substantial. Consider focusing on audience segments with the highest probability of making changes in response to messages.

See Worksheet 11 – Developing a Campaign Message and Worksheet 12 – Tips for Campaign Messages

Develop Materials

Producing materials for a mass media approach can be challenging. Online messaging through websites, you tube channels and social media outlets can reach broad audiences. Online messaging needs to be continuously monitored and updated. Lack of time, money, and skill can lead to costly failures. Consider using existing PSAs and health communication messages that may be available through resources listed at the end of this guide.

Identify Community Partners

The campaign approach and materials must meet those who control media access's standards, interests, values, and beliefs. Cultivate the support of local media gatekeepers, such as television or radio station managers or editors, early in developing the media approach. Other potential partners include corporate or business sponsors, governmental leaders, foundations, local community or professional organizations, and media professionals interested in the project's goals.

Frame the Message

Each community has political, business, religious, and organizational groups supporting various policies and viewpoints. These groups represent political and social power bases reflected in formal and informal decisions about BH-related stigma. When individuals seek to change norms, opinions, or policies, it is important to work with these groups to identify the problem, the desired change and illustrate how they might benefit from the changes.

Inform Partners

Stigma reduction campaigns can be controversial and are not without risk. Organizations should assess the extent of support and opposition. Those receiving funding from State or other sources should inform their funding sources about their intentions to ensure the sponsor's support and avoid violating its rules. Collaboration is built on overlapping interests. There may be consensus about defining the problem but differences about how to solve the problem. Establish the individual, mutual, and joint benefits each partner will accrue.

Conduct Pretests

Campaigns should pretest materials with an audience that is representative of the target audience. The testing materials should not be in a final state—they can be storyboards, facsimiles of posters or billboard ads, or rough cuts of PSAs. The goal is to examine whether the audience perceives the message in the way it was intended, finds the materials appealing and attractive, understands and responds to the language, and remembers the message. Additionally, make sure the audience is not offended or put off by some aspect of the message. Pretesting should be conducted at a stage that permits correction, refinement, and change of the materials.

PHASE 3
IMPLEMENTING STIGMA REDUCTION CAMPAIGNS

Phase 3 is the implementation phase and is conducted after assessing and planning the campaign. Many of the strategies included in this toolkit can be used for implementation. Campaign implementation steps, which will vary among different campaigns, can involve:

- Introducing the campaign.
- Actively collaborating with community partners.
- Conducting a process evaluation.
- Making necessary corrections

Introduce the Campaign

Introduce campaigns to the community with flair. A press conference that leads to media coverage is very effective. A stigma reduction campaign can use a press conference to announce the campaign and present the theme, objectives, activities, and participants.

A press conference can provide a forum to present documentation about the problem and address specific issues that need to be changed. As the campaign continues, opportunities will arise for presentations in news coverage, in editorials, in webinars, online channels and on television and radio talk shows.

Actively Collaborate With Community Partners

Community collaboration is important throughout the delivery phase. Having supportive community partners speak at a press conference signals unity, power, and credibility. Using community partners to help present the issues to the press—through letters to the editor, blog posts, or talk shows—suggests that the issue does not belong to a single advocacy organization but to the whole community.

Alternatively, having a disgruntled community partner air disagreement in the press can be destructive. Once collaborations are developed and established during the assessment and planning stages, they should be publicly supported during delivery.

Conduct a Campaign Process Evaluation

A process evaluation is a descriptive and ongoing evaluation that describes what happened as a project was started, implemented, and completed. In some ways, it can be the most critical element of successful delivery. Detailed attention is given to each activity to ensure high quality, effectiveness, and consistency with the plan. A process evaluation pinpoints factors that either facilitated successful aspects of implementation or hindered them.

Conduct Media Tracking

It is important to determine that your messaging is airing or posted at agreed-upon frequency and times with mass media components. This process, called media tracking, provides an estimated exposure reach for the designated target audience. This is one common evaluation measurement for a campaign. For social media messaging there are mechanisms available to help you track engagement, views, impressions, and other metrics.

Monitor Partners

It is important to monitor the activities of collaborating organizations. Use monitoring to determine whether they are carrying out scheduled activities promptly and whether their activities reflect the agreed-upon message and strategies. It is also important to track the sequencing of events.

Make Necessary Corrections

Real-life events generally alter preconceived ideas of how projects should be accomplished. Suppose an aspect of a planned strategy “falls apart” or is not completed in the anticipated timeframe. In that case, careful tracking will highlight the problem and allow you to compensate for or correct the problem. There is nothing wrong with aborting a strategy that is not working, particularly if costs are increasing. This is also nothing wrong with delaying a media event if the pieces are not in place to make it work.

PHASE 4
EVALUATING STIGMA REDUCTION CAMPAIGNS

Evaluation – Not an Afterthought

Evaluation weaves through all stages of campaign development. Outlining an evaluation strategy begins with collecting assessment data, including information needed to determine the status of the target audience or environmental conditions. It continues with crafting measurable objectives, conducting a formative evaluation in the planning stage, and gathering process data in the delivery stage.

Types of Evaluation

An evaluation plan must be active throughout the life of the project, providing continual feedback about the consequences of campaign decisions. There are four basic types of evaluations.

1. **A formative evaluation** is carried out during the planning phase to define the target audience and determine whether materials will have the anticipated effect.
2. **A process evaluation** is generally carried out during delivery. It ensures that each plan step is completed as intended and identifies activities that facilitate or hinder implementation.
3. **An outcome evaluation** is completed at the end of the project. It describes and documents the extent to which the objectives have been accomplished, especially concerning short-term results.
4. **An impact evaluation** examines the extent to which the larger goal is achieved. It is generally done in follow-up studies or as part of a longitudinal research effort to determine lasting results.

Conducting Process Evaluations

The University of Wisconsin-Madison Center for Health Enhancement System Studies (UW-CHESS) developed a process improvement model known as the Network for Improving Addiction Treatment (NIATx). NIATx is a simple, evidence-based model of BH process improvement that gets multiple partners involved, delivers results quickly, and helps improve services. Following the 5 research-based process improvement principles can help your organization plan, implement, improve and sustain a stigma-reduction campaign.

- Understand and Involve the Customer
- Fix Key Problems
- Choose a Powerful Change Leader
- Get Ideas from Outside the Field
- Use Rapid-Cycle Testing Plan- Do- Study- Act (PDSA)

UW-Chess developed PDSA worksheets for timely process improvement. These worksheets can be used to develop, test, and make changes to the planned stigma reduction campaign. The process includes developing the program (Plan), carrying out the test of the program (Do), observing and learning from the consequences (Study), and determining what changes or modifications should be made (Act). UW-CHESS maintains a dedicated website NIATx to provide tools, templates, and resources for implementing a process improvement program.

Conducting Outcome Evaluations

Outcome evaluation plans begin during the assessment stages. For example, baseline data must be gathered to determine:

1. The status of the target audience regarding demographic and psychographic data, awareness, knowledge, attitudes, and behaviors
2. The status of a problem for which change is sought, including those affected by it and what is perpetuating it
3. The extent and status of media depictions for which change is sought

Outcome evaluations examine the extent to which desired changes have been achieved. They include clear statements of measurable objectives from which meaningful measurements and comparisons can be drawn. Since campaigns rarely have funds to conduct expensive evaluations, simple outcome strategies often suffice. A pre-intervention and a post-intervention survey of target audiences—such as for a PSA—can document changes in knowledge, awareness, or attitudes. However, evaluating changes in behavior usually require techniques that are more sophisticated.

Involving Support

Involve stakeholders in evaluations. Stakeholders should participate in all phases of program implementation, from collecting and analyzing information about the problem and the affected population to planning the evaluation. Individuals subject to stigma should be involved in the design, planning, and implementation processes for stigma-related campaigns as they can keep your campaign grounded and provide valuable insights into all phases. Involving stakeholders in the evaluation process can also help generate creative ideas about disseminating evaluation results.

Seek professional assistance. Most of us do not have the expertise to negotiate the land mines of campaign evaluation design. It is worth obtaining consultation from a skilled evaluator to think through the difficult issues. Issues include the relationship of objectives to outcomes, obtaining and evaluating assessment data, and overall campaign design. Even when planning simple, low-budget evaluations, it is wise to obtain evaluation assistance. Local academicians and researchers are often willing to provide free or low-cost help. Some may be affiliated with a community partner and may consider an in-kind contribution.

CHAPTER 3

Worksheets and Resources

In Chapter Two, several strategies refer to worksheets or resources to help you develop and implement your campaigns and stigma reduction activities. The worksheets, checklists, and resources can be used to provide an organizing structure for various processes. Using the worksheets and checklists as models, consider developing your own forms and tools based on your specific needs and tasks.

The worksheets provided here can help you conduct brainstorming sessions for implementing stigma reduction campaigns. These worksheets can also guide you with enlisting the assistance of other potential community partners. Several worksheets can help you work more effectively with the media.

Checklists for developing press releases, press packets, guidelines for convening press conferences, and resources on the use of positive, person-first language to reduce stigma are also included.

This chapter also contains worksheets for planning presentations developing campaign messages and organizing audiovisual equipment, suggestions for speakers at press conferences, tips for participating in interviews, and a checklist for participating in media interviews.

WORKSHEET 1
BRAINSTORMING

What potential stigma problems exist to be addressed?

Which problems would you like to focus on immediately?

What specific group is being hurt by this problem?

What specific factors are perpetuating this problem?

Why do you want to conduct a campaign?

What approaches and strategies might be appropriate in your campaign?

Do other people share your desire for change? If so, who are they?

Who might be a potential partner to discuss this with or work with to address this problem?

What shared goals do you have with these potential partners?

Are there any potential conflicts with these potential partners?

Where are the potential obstacles you may face with this campaign?

WORKSHEET 2
ENLISTING COMMUNITY ASSISTANCE

List potential opinion makers (i.e., people in leadership positions, leaders of community organizations, media decision makers, media personalities, or regional celebrities):

List potential advocates (i.e., healthcare professionals, prevention organizations, treatment professionals, people in recovery, family members of people in recovery, clergy, civil rights leaders, experts and researchers, media representatives, and businesspeople):

List potential volunteers (i.e., people from prevention, treatment, and recovery programs, BH education organizations, prevention and harm reduction coalitions, professional societies, patient groups, and mutual aid; specialists in advertising, media, community organizing, public education, evaluation design, and grant writing):

WORKSHEET 3
CHECKLIST FOR PRESS RELEASES

Do you answer the question: “Where (name and address of the place) is it happening?”

Is the headline strong, concise, and newsworthy?

Do you answer the question: “Who (complete campaign name) is conducting the event?”

Is the first paragraph strong, concise, and newsworthy?

Do you answer the question: “Why is it important?”

Is the most important information provided in the first paragraph?

Overall, is the most important information placed first, followed by general and background information?

Did you consider using a direct quote within the first three paragraphs of the press release?

Do you answer the question: “What is happening?”

Did you have the press release edited and proofread?

Do you answer the question: “When (date and time) is it happening?”

Do you have fact sheets or background materials to accompany the press releases?

Do you have a contact name and information on the press release?

WORKSHEET 4
PRESS PACKET CHECKLIST

- ❑ Fact sheets about upcoming activities _____
- ❑ Press packet folder with your logo, contact information, website URL _____

_____

- ❑ Fact sheets about campaign updates _____
- ❑ Fact sheets with campaign principals' biographies _____
- ❑ Campaign brochure _____
- ❑ Fact sheets with campaign successes and outcomes _____
- ❑ General campaign fact sheets _____
- ❑ Photographs of principals and events _____
- ❑ Fact sheets describing stigma _____
- ❑ Media mentions, op-eds, and letters to the editor _____
- ❑ Fact sheets describing the effects of stigma _____
- ❑ Speeches and papers _____
- ❑ Fact sheets illustrating examples of stigma _____
- ❑ Fact sheets of personal stories about stigma _____
- ❑ Fact sheets of stigma-related statistics _____
- ❑ Electronic version of press packet available on website for instant accessibility and download _____

WORKSHEET 5
PRESS CONFERENCE CHECKLIST

- ❑ **Event:** _____
- ❑ **Logistics coordinator:** _____
- ❑ **Banner with campaign name** _____
- ❑ **Props** _____
- ❑ **List of media invitees** _____
- ❑ **Date and time:** _____
- ❑ **Speaker agenda with complete names and titles** _____
- ❑ **Address:** _____
- ❑ **Speaker bios** _____
- ❑ **Media advisory** _____
- ❑ **Presentation text or summaries** _____
- ❑ **Press release** _____
- ❑ **Broadcast media sound bites** _____
- ❑ **Press packet** _____
- ❑ **Print media sound bites** _____
- ❑ **Posters or flip charts** _____
- ❑ **Media sign-in sheet** _____

WORKSHEET 6
PRESS CONFERENCE SPEAKER TIPS

- Select strong speakers who are charismatic, articulate, and authoritative, or who have compelling personal stories and can tell them well.
- Develop text or talking points for all speakers, which when read, should be limited to 3 to 5 minutes each.
- Ensure that each speaker supports the primary message but makes different supportive points.
- Ensure that each speaker addresses only one or two important points.
- Develop answers to anticipated questions. Ensure that these are brief and to the point.
- Develop several 10- to 12-word sound bites and several one-to three-line quotes for mass media.
- Prepare speakers carefully on the primary message of the press conference and the supportive points.
- Conduct a practice press conference and a practice question-and-answer session the day before.
- Prepare speakers in advance on ways to answer difficult questions.
- Have speakers practice using the sound bites.

WORKSHEET 7
PRESENTATION PLANNER

Event:

Logistics coordinator: Date and time: Location:

Attendees: Primary goal: Objective 1:

Objective 2:

Objective 3:

Primary message: Anticipated questions: Prepared responses:

Media sound bites: Materials provided: Props provided: Audiovisuals required:

WORKSHEET 8
AUDIOVISUAL FORM

Event: _____

Logistics coordinator: _____

Date and time: _____

Address: _____

- ❑ **Podium**
- ❑ **Microphone: podium, handheld, or wireless laser pointer**
- ❑ **Flip charts**
- ❑ **Flip chart markers**
- ❑ **Projector**
- ❑ **Desktop or laptop computer**
- ❑ **Internet connection**
- ❑ **DVD player**
- ❑ **Television monitor**

WORKSHEET 9
INTERVIEW TIPS

Before The Interview:

- State your conclusions early on then provide supportive reasons.
- Ask who will be conducting the interview.
- If there are issues that the interviewer does not understand, provide explanations or clarification.
- Ask which subject areas the interviewer wants to cover.
- If you do not have expertise or knowledge of some of the suggested subject matter, inform the interviewer.
- Ask about the format and duration of the interview.
- In cases where you do not have knowledge or familiarity with the subject matter, offer to obtain information requested.

After The Interview

- Provide contact information, including after-hours phone numbers.
- Prepare and practice.
- Rapidly obtain and provide any information requested or promised.
- Proactively ask if there is anything else you can provide or do.

During The Interview

- Be honest, accurate, and cooperative.
- Focus on your message and supportive points.

WORKSHEET 10
MEDIA INTERVIEW CHECKLIST

Date and time: Location:

Media representative: Primary goal:

Objective 1:

Objective 2:

Objective 3:

Primary message: Point 1:

Point 2:

Point 3:

Anticipated questions:

Prepared responses:

Mass Media sound bites:

WORKSHEET 11
DEVELOPING A CAMPAIGN MESSAGE

In order to structure an effective stigma reduction campaign, supporters must work together to develop consensus on the nature of the message. Campaign messages should be developed after brainstorming and convening community and advocacy members. The following can help you to think through the campaign message development process.

Step 1

What do you want, generally? What is your general goal for the campaign? If you had to say it in one sentence, what do you hope to achieve through the campaign?

Step 2

What do you want specifically? Within the general goal, what are the specific objectives you hope to accomplish? Are you trying to influence behaviors, perspectives, opinions, attitudes, knowledge, intentions, regulations, policies, laws, or norms?

Step 3

Who do you need to influence? Who is your target group? Are you trying to influence the target group directly? Do you need to influence a group of decision makers and policymakers first to influence your ultimate target group? Does your target group consist of subgroups that might be reached by different messages or methods?

Step 4

What behavior do you want to promote? What information does the target group need to hear to be influenced? Do members of the target group need facts and figures about BH success? Do they need emotional appeals about denial of treatment and other life-saving services? Do they need to understand the ways in which people are currently being hurt by stigma? Do they need to learn that certain behaviors are not considered acceptable by most people?

Step 5

How is the target audience most likely to be reached and/or affected by your message? What mechanism is most likely to expose members of the target group to the message? Are people in the target group accessible through such media channels as print, radio, television, or online and social media? Are the target group members likely to be reached through community meetings, school events, weekend events, health fairs, word of mouth, professional associations, or parent groups?

WORKSHEET 12
TIPS FOR CAMPAIGN MESSAGES

- Present a simple and unified message. Do not let several messages compete.
- Highlight the human aspect. Audiences that feel connected to the human aspect may be more willing to take action.
- Appeal to social justice. Stigma reduction is about not hurting people. Present a passionate argument about compassion, based on facts.
- State conclusions first, and then support them. Get to the point and provide the fundamental points being made. Once done, deliver supportive information and details.
- Designs and props can be memorable. Use compelling photographs, creative props, and banners to make your points.
- Simplify technical jargon. Present statistics and technical information in easy-to-understand language that can be understood by most people.
- Be concise and keep the focus narrow. Do not attempt to say or provide information about every aspect of stigma. Providing too much information will overwhelm the audience

CHAPTER 4

REFERENCES AND ORGANIZATIONS

The primary goal of this toolkit is to increase your knowledge and enhance your skills regarding the development of stigma reduction campaigns. This guide is based on research evidence, practice evidence, and the lessons learned from BH recovery, public health communication, and BH anti-stigma efforts.

Some of the strategies presented in this guide are quite simple and can be implemented based solely on the information in this guide. In contrast, some of the strategies in this guide are somewhat complex. In both situations, your ability to implement certain strategies can be enhanced by gaining additional information, training, and experience. The following resources can help you accomplish these goals.

The print and online references provided are organized by their primary focus, including the following:

- **Community action**—to help you create and maintain community-based groups and activities.
- **Media advocacy, health communication, and social marketing**—to provide additional information about the principles and processes involved in media-based prevention efforts.
- **Media and public relations**—to provide more information about working with the media and getting your message out.
- **Campaign planning and development** – to provide greater detail about conceptualizing, developing, maintaining, and evaluating campaigns
- **Stigma**—to provide general resources and background information about stigma.

This chapter also provides contact information and a brief description about several organizations and agencies that may be helpful in your efforts to plan, implement, and evaluate current and future campaigns and activities. Some of these groups provide information regarding stigma or stigma reduction, and some provide information about developing campaigns.

PRINT AND ONLINE RESOURCES

Community Action

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ORGANIZATIONS AND AGENCIES

The following organizations, associations, and agencies provide information on stigma, stigma reduction, or developing campaigns. Some of the organizations that provide information on stigma may focus on mental health but also address substance use or behavioral health collectively. Similarly, some of the resources on conducting stigma reduction campaigns focus on substance use prevention rather than stigma prevention. However, the principles and processes employed by substance use prevention campaigns are applicable to stigma reduction campaigns.

These organizations employ the Strategic Prevention Framework (SPF), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA developed the SPF to reduce the impact of behavioral health problems. SPF works with any prevention planning process, including stigma reduction campaigns. SPF is an overarching process that encompasses assessment, capacity building, planning, conducting activities, and evaluating the results.

Addiction Technology Transfer Center (ATTC) Network

Coordinating Office Collaborative to Advance Health Services School of Nursing and Health Studies
University of Missouri – Kansas City
Health Science Building, Suite 2417
2464 Charlotte St. Kansas City, MO 64108
Phone: (816) 235-6888
Website: www.attcnetwork.org
Email: networkoffice@attcnetwork.org

The Addiction Technology Transfer Center Network Coordinating Office (ATTC-NCO) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). ATTC-NCO is an international, multidisciplinary resource for professionals in the addictions treatment and recovery services field, providing leadership and support to 18 individual ATTCs, and the specialized behavioral and primary healthcare workforces that provide SUD treatment and recovery support services. It also works closely with sister Networks – the Mental Health Technology Transfer Center (MHTTC), and the Prevention Technology Transfer Center (PTTC).

Mental Health Technology Transfer Center (MHTTC) Network

MHTTC Coordinating Office Center for Behavioral Health Services and Implementation Research
Division of Public Mental Health & Population Sciences Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine MC 5265
1520 Page Mill Road Palo Alto, CA 94304
Phone: (650) 721-8962
Website: https://mhttcnetwork.org
Email: networkoffice@mhttcnetwork.org

The Mental Health Technology Transfer Center Network Coordination Office (MHTTC-NCO) is SAMHSA funded, providing leadership, infrastructure, and support to 12 regional MHTTCs in the network. MHTTC-NCO focuses on implementation science to increase the development of evidence-based practice, workforce competencies, strategic alliances, and foster access to free training and technical assistance for the mental health field.

Prevention Technology Transfer Center (PTTC) Network

PTTC Coordinating Office
Collaborative to Advance Health Services School of Nursing and Health Studies
University of Missouri – Kansas City
Health Science Building, Suite 2417
2464 Charlotte St.
Kansas City, MO 64108
Phone: (816) 235 – 1617
Website: www.pttcnetwork.org

Co-located with the ATTC-NCO, The Prevention Technology Transfer Center Network Coordinating Office is funded by SAMHSA to serve 12 PTTCs and the specialized SUD prevention workforce nationally. PTTC Network focuses on implementation and delivery of effective prevention interventions as well as the provision of training and technical assistance, dissemination tools, and prevention strategies.

Addiction Policy Forum

11810 Grand Park Ave, Suite 500
North Bethesda, MD 20852
Phone: (301) 769-5966
Email: info@addictionpolicy.org
Website: https://www.addictionpolicy.org

The Addiction Policy Forum was founded in 2015, to end stigma, help patients and families in crisis and translate the science around addiction.

The Advertising Council (AD Council)

815 Second Avenue
New York City, New York, U.S. 10017
Phone: 800.324. 5672.
Website: www.adcouncil.org

The Advertising Council, commonly known as the Ad Council, is an American nonprofit organization that produces, distributes, and promotes public service announcements on behalf of various sponsors, including nonprofit organizations, non-governmental organizations and agencies of the United States government.

The Centre for Addiction And Mental Health (CAMH)

(CAMH) Addictions Program
33 Russell Street,
1st Floor Toronto, ON M5S 2S1, Canada
Phone: (416) 535-8501
Website: www.camh.net

CAMH is Canada's largest mental health and addiction teaching hospital. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

Community Anti-Drug Coalitions of America (CADCA)

CADCA
625 Slaters Lane, Suite 300
Alexandria, VA 22314
Phone: (800) 54-CADCA
Website: www.cadca.org

Since 1992 Community Anti-Drug Coalitions of America (CADCA) has been training local grassroots groups, known as community anti-drug coalitions, in effective community problem-solving strategies, teaching them how to assess their local substance abuse related problems and develop a comprehensive plan to address them.

C4 Innovations

200 Reservoir Street, Suite 202
Needham, MA 02494
Phone: (617) 467 – 6014
Website: https://c4innovates.com
Email: cmurphy@c4innovates.com

C4 Innovations, formerly known as Center for Social Innovations, advances recovery, wellness, and housing stability for people who are marginalized. C4 focuses on reducing disparities and achieving equitable outcomes through training and technical assistance, consulting, and education.

Drug Policy Alliance

131 West 33rd Street, 15th Floor
New York, NY 10001
Phone: 212.613.8020
Website: http://www.drugpolicy.org

Drug Policy Alliance is a nonprofit organization focused on ending the “War on Drugs”, advocacy for science based, compassionate treatment of people who use or are affected by substance use.

Faces and Voices of Recovery

10 G Street NE, Suite 600
Washington, DC 20002
Phone: (202) 737 – 0690
Email: info@facesandvoicesofrecovery.org
Website: facesandvoicesofrecovery.org

Faces and Voices of Recovery is a global recovery advocacy movement focused on mobilizing people in recovery into community organizations and networks, by promoting the right and resources to recover, education, and demonstration of the proof of recovery.

Harm Reduction Coalition

East Coast 22 West 27th Street, 5th Floor
New York, NY 10001
Phone: (212) 213 – 6376
West Coast 1111 Broadway, 3rd Floor
Oakland, CA 94607
Phone: (510) 285-2799
Website: https://harmreduction.org

Harm Reduction Coalition is a national advocacy and capacity-building organization that works to promote the health and dignity of individuals and communities who are impacted by drug use. HRC works with extensive and diverse network of allies who challenge the persistent stigma faced by people who use drugs and advocate for policy and public health reform.

Mental Health America

500 Montgomery Street, Suite 820
Alexandria, VA 22314
Phone: (800) 969-6642
Website: https://mhanational.org/

Mental Health America (formerly known as the National Mental Health Association) is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. With more than 320 affiliates nationwide, it represents a growing movement of Americans who promote mental wellness for the health and well-being of the nation – every day and in times of crisis.

National Alliance for Recovery Residences (NARR)

NARR
569 Selby Ave
Saint Paul, MN 55102
Phone: (855) 355 - 6277
Email: info@narronline.org
Website: https://narronline.org/

NARR works across the states to develop affiliates who assist with supporting persons in recovery from addiction. NARR specifically works to improving their access to quality recovery residences through standards, support services, placement, education, research and advocacy.

National Alliance on Mental Illness (NAMI)

NAMI
4301 Wilson Blvd
Arlington VA 22203
Phone: (703) 524-7600
Website: www.nami.org

NAMI is a nonprofit, grassroots, self-help, support, and advocacy organization of consumers, families, and friends of people with mental health problems. It provides education, supports increased research funding, and advocates for adequate health insurance, housing, rehabilitation, and jobs.

National Council for Mental Wellbeing

1400 K. St. NW, Suite 400
Washington DC 20005
Phone: (202) 684 – 7457
Email: Communications@TheNationalCouncil.org
Website: https: www.thenationalcouncil.org

The National Council for Behavioral Health is a behavioral health association that is comprised of over 3000 member organizations delivering behavioral health services, focusing on advocacy for policies that increase access and availability of comprehensive, evidence -based healthcare services. National Council offers a wealth of resources to inform community building, professional development, consumer advocacy, and dissemination of scientifically founded content.

National Mental Health Consumers' Self-Help Clearinghouse

1211 Chestnut Street, Suite 1207
Philadelphia, PA 19107
Phone: (800) 553-4539
Website: www.mhselfhelp.org

The National Mental Health Consumers' Self-Help Clearinghouse, the nation's first national consumer technical assistance center, has played a major role in the development of the mental health consumer movement. The consumer movement strives for dignity, respect, and opportunity for those with mental illnesses.

On Our Own Of Maryland, Inc., The Anti-Stigma Project

7310 Esquire Court
3rd Floor, Mailbox 14
Elkridge, MD 21075
Phone: 800-704-0262
Website: www.onourownmd.org

The Anti-Stigma Project was formed in 1993 by the Maryland Mental Hygiene Administration to reduce stigma within the mental health system. The mission of The Anti-Stigma project is to fight stigma by raising consciousness, facilitating ongoing dialogues, searching for creative solutions, and educating all participants within or connected to the mental health community, including consumers, family members, providers, educators, and administrators.

Partnership to End Addiction (Formerly the Center on Addiction)

Partnership to End Addiction
711 Third Avenue
5th Floor, Suite 500
New York, NY 10017
Website: https://drugfree.org

The Partnership to End Addiction's mission is to transform how the nation addresses addiction. The agency's focus is on promoting positive change through three pillars: advancing effective care, changing policy, and changing culture.

Substance Abuse Mental Health Services Administration (SAMHSA)

SAMHSA
5600 Fisher Lane
Rockville, MD 20852
Phone: (877) 726-4727
Email: Info@samhsa.hhs.gov
Website: www.samhsa.gov

SAMHSA is a Federal government agency that seeks to target effectively substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system.

SAMHSA CENTERS

Center for Behavioral Health Statistics and Quality (CBHSQ)

Phone: (240) 276-1250

CBHSQ has the primary responsibility for collecting, analyzing, and disseminating behavioral health data.

Center for Mental Health Services (CMHS)

Phone: (240) 276-1310

CMHS leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.

Center for Substance Abuse Prevention (CSAP)

Phone: (240) 276-2420

CSAP provides national leadership in the Federal effort to prevent alcohol, tobacco, and other drug problems.

Center for Substance Abuse Treatment (CSAT)

Phone: (240) 276-1660
Email: csat@samhsa.hhs.gov

CSAT provides national leadership to improve access, reduce barriers, and promote high quality, effective treatment and recovery services.

Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated With Mental Health (ADS Center)

SAMHSA ADS Center
4350 East West Highway, Suite 1100
Bethesda, MD 20814
Phone: (800) 540-0320
Email: promoteacceptance@samhsa.hhs.gov
Website: www.stopstigma.samhsa.gov

The ADS Center enhances acceptance and social inclusion by ensuring that people with mental health problems can live full, productive lives within communities without fear of prejudice and discrimination. It provides information and assistance to develop successful efforts to counteract prejudice and discrimination and promote social inclusion.

Young People in Recovery (YPR)

1415 Park Avenue
West Denver, CO 80205-2103
Phone: (720) 600 – 4977
Website: https://youngpeopleinrecovery.org/

YPR is a nonprofit organization organized within local chapters to organize young people and allies nationally, deliver life-skills curriculums for those in or seeking recovery, and to enhance advocacy for increased resources for those in recovery. YPR also provides free community workshops as well as substance-free recreation and socialization.

Central East (HHS Region 3)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Central East (HHS Region 3)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

2023 EDITION

ANTI-STIGMA TOOLKIT:

A GUIDE TO REDUCING BEHAVIORAL HEALTH DISORDER STIGMA

Substance Abuse and Mental Health Services Administration
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