Technical Information



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This webinar is now live.



It is being recorded.





Welcome

Central East PTTC Webinar

Stigma and Substance Use Prevention Part 1: The Impacts of Stigma

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

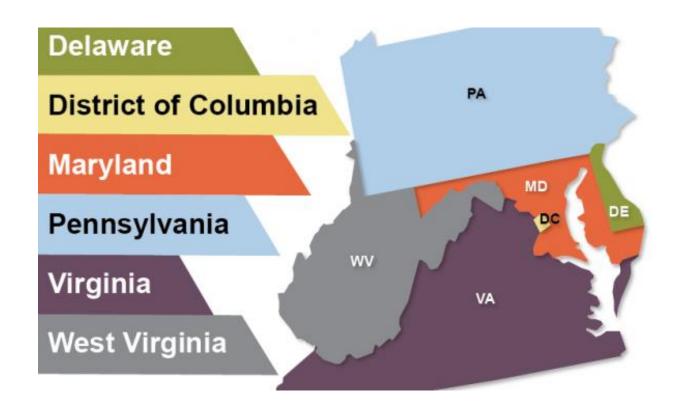
Oscar Morgan
Executive Director

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Project Director



Central East Region

HHS REGION 3





The use of affirming language inspires hope. LANGUAGE MATTERS. Words have nower. PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



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ethnicity spirituality
          orientation
          normalize practices expression
     Ethnic stories terror race share injustices Centity
       standard create
               care Matter shootings
      change
             education
    Racial`
    space
seem normal
   powerful
  NASW self Black
gender affected Lives hate
         Diversity advocacy huncertainty
         sexual
         religious competency
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PTTC Mission





Services Available





Technical Assistance



Training







Facilitate Prevention
Partnership &
Alliances



Research Learning Collaborative







Literature Searches





Research Publication



Other Resources in Region 3



Central East (HHS Region 3)



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



Central East (HHS Region 3)



Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Stigma and Substance Use Prevention Part 1: The Impacts of Stigma

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May 14, 2024





Presenters



Demetrie Garner



Josh Esrick



What is your favorite season?







Spring



Summer



Fall



Winter





How to participate:

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Learning Objectives

- Define stigma conceptually and from a recovered person's perspective
- Identify the various forms of stigma and their effects on our ability to recover
- Recognize the impact of stigma on prevention outcomes
- Describe stigma's ongoing impact on the road to recovery



Defining Stigma





How do you define stigma?

All responses to your question will be shown here

Each response can be up to 200 characters long

Turn on voting in Interactivity to let participants vote for their favorites





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What is Stigma?

- Negative attitudes, values, and beliefs that manifest in prejudice and discrimination
- Stems from an attribute/action/characteristic that people "find deeply discrediting" (Stringer & Baker, 2018)
- Which leads to actions (and inactions) that can worsen outcomes and create barriers to improvement



What is Stigma?

- Stigma can manifest in virtually any setting
 - E.g., stigma in schools against students who enroll in reduced price lunch programs (Colorado Food System Council)
- Common in health care settings, especially for behavioral health issues
- Harms people across the entire continuum of care



What Can Stigma Look Like?

- Stigma can manifest in ways such as (Utah State University):
 - Creating feelings of distance towards people
 - Expressing disapproval of actions or people
 - Creating feelings of superiority
 - Feeling a false sense of control
 - Feeling a false sense of fear or unsafety
 - Spreading false feelings of fear or unsafety
 - Promoting discrimination



What Causes Stigma in Substance Use?

- Stigma often stems from a lack of understanding or from fear (APA)
- For substance use, this can mean:
 - Misunderstanding the causes of substance use
 - Misunderstanding the effects of substance use
 - Believing stereotypes about substance use
 - Fearing people who use substances
 - Not believing that prevention, treatment, or recovery services can work



Examples of Stigma in Substance Use

- FALSE beliefs, such as:
 - All people who use substances are dangerous and unpredictable
 - People who use substances are never capable of making decisions for themselves
 - Prevention, treatment, and recovery services do not work
 - Substance use is a moral or character failing



Stigma- Perspective from Recovery

- Stigma- A perceived negative perception of a person or group of individuals
- In active addiction four domains are stigmatized
 - Person(Self)
 - 2. Family
 - 3. Community
 - 4. Institutions



Impact 1: A Negative Perception of Self





Self-induced stigma - The negative association of mental, emotional, and spiritual attitudes one perceives about him- or herself.

- People with substance use disorders associate themselves with mental institutions and the stigma around mental health
- Emotional stigma and the words one say that causes vulnerability to ask for help with substance use disorders
- Spiritual disconnection to oneself and the perception of being morally bankrupt



Impact 2: Family Dynamics





Family stigma- The complex interplay of disappointment, anger, and abandonment of both the family members and the person suffering from substance use disorder

Family

- The disappointment that active addiction is happening in the family and that the community associate the family with substance use
- The emotional feeling of helplessness that the family envisions because of active addiction
- The anger of stigmatizing the family name or loved ones because of the suffer of substance use disorder

Self

- Sufferer of active addiction abandons him/herself from their family believing they are better off without them
- Stigma also can perpetuate entitlement to keep using.
 - "Since I am using and they don't want to help me they owe me."
 - "They don't love me they made me the way I am."



Impact 3: Community





The two directions of community: Involvement in promoting stigma or helping tear down its barriers

Stigmatization

- Discrimination of individuals in society by their appearance
- Supporting stereotypes
- General public unease of persons with substance use disorders.
- The effects of social stigma

De-stigmatization

- Respect autonomy of individuals
- Educate public service workers on cultural humility (e.g., police officers and community workers)
- Effective public service campaign



Impact 4: Medical Institutions



Medical institutional stigma- The systemic policies and operations that limit access or services to individuals with substance use disorders

Stigma Produces...

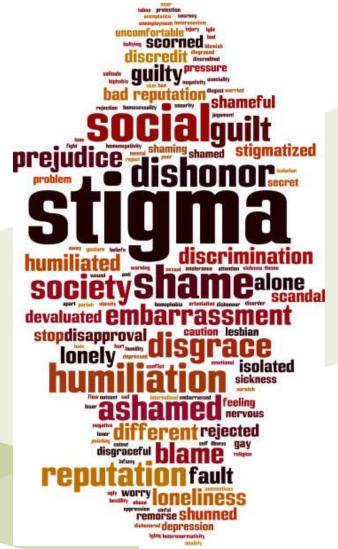
- Denial of medical access and services to individuals with a history of substance use disorders
- A conclusion before evaluation that a person is drug seeking
- Misdiagnosis of persons with SUD because of rush to treat
- Longer wait times because of inability to help

Effects on Stigmatized Person

- Causes people to not seek medical treatment
- Fear that people with SUDs would be institutionalized or forced to enter treatment
- Will not let medical care treat them because of self-imposed stigma



Forms and Effects of Stigma





The Forms of Stigma

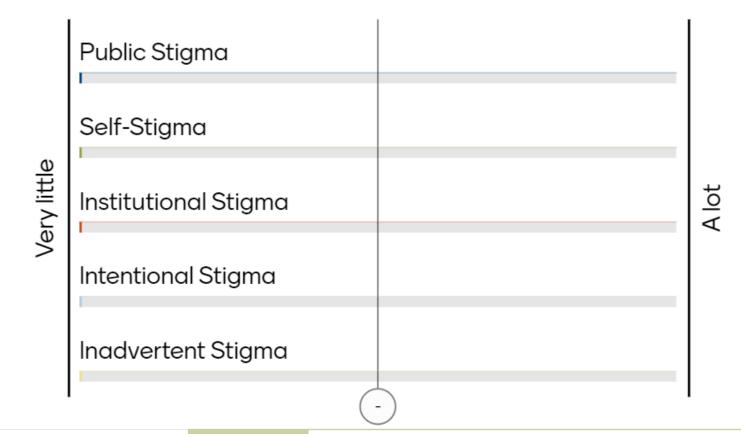
- Public Stigma
- Self-Stigma
- Institutional Stigma

- Intentional Stigma
- Inadvertent Stigma



SCAN ME

How much do you know about these different types of stigma?





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Public Stigma

- People having negative attitudes, values, and beliefs about others (APA)
- Examples
 - "People who use substances are dangerous, incompetent, and to blame for their disorder."
 - "Therefore, they should receive lower quality health care and less access to public life (e.g., not being hired by employers)."



Self-Stigma

- People internalizing negative, values, and beliefs about themselves (APA)
- Examples
 - "I am dangerous, incompetent, and to blame for my disorder."
 - "So why should I try to improve? I'm not worthy of good health."



Institutional Stigma

- Public stigma embedded into laws and regulations (APA)
- Examples
 - Excessive punishment for simple possession of substances
 - Criminalizing forms of harm reduction
 - Health insurance not covering behavioral health as robustly as physical health



Intentional vs. Inadvertent Stigma

- Intentional
 - Knowingly making negative value judgments about people
- Inadvertent
 - Unknowingly propagating stigma, such as using careless or harmful language or supporting policies with unintended negative outcomes
- It can be difficult to notice inadvertent stigma, especially when we are doing it ourselves, but it can be just as harmful in the long run





What effects of stigma have you seen or encountered?

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Effects of Stigma (APA)

- Increased social isolation
- Increased chance of developing co-occurring conditions
- Increased risk of experiencing bullying or harassment
- Decreased likelihood of accessing services
- Decreased ability to access services
- Decreased hope and self-esteem



Impact of Stigma on Substance Use Prevention

- Much of the substance use stigma research focuses on the impacts on treatment and recovery
- However, stigma can negatively impact prevention as well
 - Stigma against people using substances at-risk for an SUD, who may benefit from indicated prevention
 - Stigma against the entire substance use services field reducing support for prevention
 - Stigma against overdose prevention



Stigma Against People At-Risk for SUD

- Indicated Prevention: Services for people already using substances or engaged in other high-risk behaviors for developing an SUD
- Stigma impacting someone who could benefit from indicated prevention services will likely cause similar effects as stigma against someone who could benefit from treatment or recovery services



Stigma Against the Field

- Stigma against people who use substances could have cascading effects on prevention
- If someone believes it's a personal fault to use substances, they may:
 - Be less likely to support funding prevention services
 - Be less supportive of community prevention efforts
 - Be less willing to collaborate with prevention organization
 - Oppose changes in laws or regulations that could expand prevention



Stigma Against Overdose Prevention

- Multi-faceted issue (Tsai et al)
 - Stigma causing people at-risk for overdoses to not seek out services
 - Stigma leading to decreased support for overdose prevention services as a concept
 - Stigma leading to fear of overdose prevention services being provided nearby



Stigma's Impact on the Road to Recovery

- Prevention Education For First Responders
- Access to Medical Care
- Prevention of Morbidity
- Maintenance Assisted Treatment



Small Group Discussion



Instructions

- Turn on your camera if you are willing and able
- Designate a notetaker
- Read through the case study
- Discuss the case study questions
- The notetaker should type up a short summary of the discussion/group answers to the questions
- Discuss the additional questions (if there's time)
- The notetaker pastes their summary in the zoom chat after the breakout session ends



Case Study

Devon is a 32-year-old African American male who suffered a significant car accident ten years ago. After countless surgeries while learning how to walk again, he was able to start living a whole life. However, even after intense rehabilitation, he still needed narcotics to manage pain. Unfortunately, implementation of new opioid prescribing guidelines resulted in the loss of his prescription. Devon turned to street opiates and began his spiral into active use and deep depression. His family became disappointed and ashamed of his behaviors and social needs. He has stopped attending family functions and has become distant emotionally as well.



Case Study Questions

- How does his family perpetuate Devon's stigma?
- How can the family address their barriers so that Devon can receive the support he needs?
- Has Devon responded to their stigma by creating his barriers?
- If so, what are some possible strategies to overcome his dilemma?



Additional Discussion Questions

- What are your experiences encountering or experiencing stigma?
- How have you addressed stigma in your community?
- What are some tips you would share with others?



Discussion

15 Minutes



- Turn on your camera if you are willing and able
- Designate a notetaker
- Read through the case study
- Discuss the case study questions
- Notetaker: type up a short summary of the discussion/group answers to the questions
- Discuss the additional questions (if there's time)
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Devon is a 32-year-old African American male who suffered a significant car accident ten years ago. After countless surgeries while learning how to walk again, he was able to start living a whole life. However, even after intense rehabilitation, he still needed narcotics to manage pain. Unfortunately, implementation of new opioid prescribing guidelines resulted in the loss of his prescription. Devon turned to street opiates and began his spiral into active use and deep depression. His family became disappointed and ashamed of his behaviors and social needs. He has stopped attending family functions and has become distant emotionally as well.

Discussion:

- 1. How does his family perpetuate Devon's stigma?
- 2. How can the family address their barriers so that Devon can receive the support he needs?
- 3. Has Devon responded to their stigma by creating his barriers?
- 4. If so, what are some possible strategies to overcome his dilemma?

Additional questions (time permitting):

- 1. What are your experiences encountering or experiencing stigma?
- 2. How have you addressed stigma in your community?
- 3. What are some tips you would share with others?

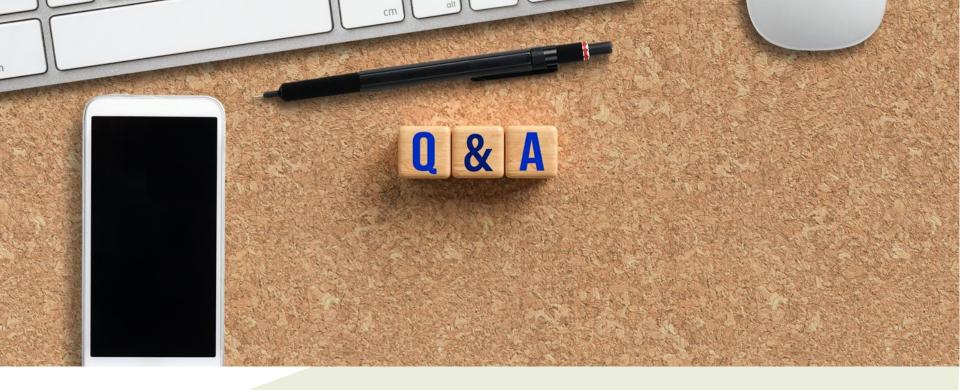
Discussion Debrief



Conclusion

- Stigma manifests from negative attitudes, values, and beliefs and can have many harmful impacts
- These can harm people in need of services, their families, the community, and institutions seeking to provide services
- This also includes impacts on substance use prevention
- In Part 2, we'll talk about strategies for addressing stigma





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Contact Us



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