

Using Evidence-Based Stigma Elimination Techniques

Donald McDonald, MSW
Technical Expert Lead, JBS International

Brianne Karstens
Community Programs Coordinator, MaineGeneral Medical Center
Rockville, MD

Speaker

Brianne Karstens



Professional Background

- Community Programs Coordinator, MaineGeneral, 2018- Present
- Public Health Specialist, Partnerships to Improve Community Health, 2016-2018
- Public Health Educator III, Maine Center for Disease Control and Prevention, 2013-2016
- Medical Support Assistant, Veteran's Health Administration, 2009-2013
- Medical Assistant, Dr. David Jacobs Internal Medicine Office, 2008-2009
- Public Health Technician, United States Air Force, 2000-2008

Recent Experience

- Working on the current HRSA funded project "Partners for Recovery" to address stigma, access to MAT, and increase naloxone distribution to reduce overdose deaths in our region.
- Leading the project's stigma workgroup, brought together community stakeholders to develop four different assessments; assessment findings will be used to develop a stigma-informed activities and communications.

Special Expertise

- Harm Reduction/Overdose Prevention
- Health Education
- Community Engagement



Speaker

Donald McDonald, MSW

Professional Background

- Technical Expert Lead, JBS International, 2019-present
- National Field Director, Faces & Voices of Recovery 2018-19
- Executive Director, Addiction Professionals of North Carolina, 2017-2018
- Director of Advocacy & Education, Recovery Communities of North Carolina, 2016-2018
- 14-years sustained recovery from severe mental & substance use disorders
- Navy Veteran, Public Educator, Clinician, Peer Recovery Coach

Recent Experience

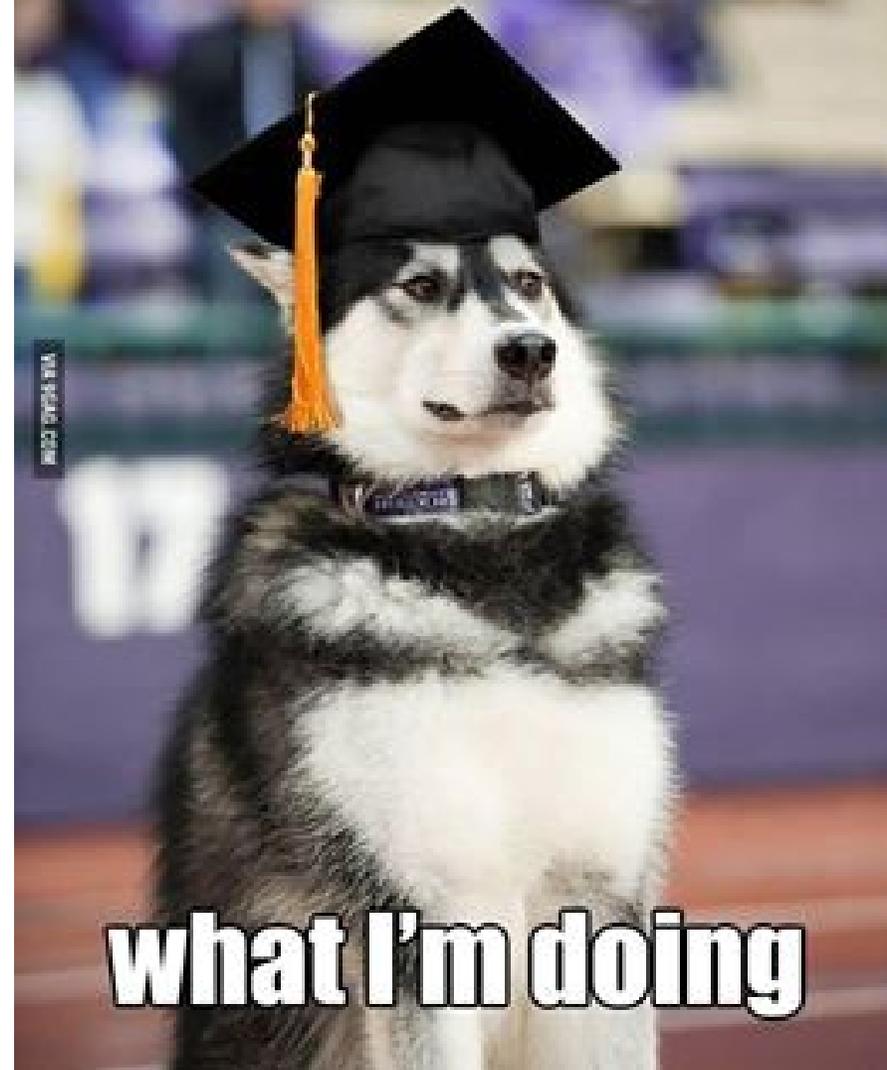
- Worked with SAMHSA to provide TA to rural & underserved communities.
- Helped organize & mobilize NC's Recovery Community Organizations to create & enhance Recovery Community Centers, managing state grant funding.

Special Expertise

- Stigma Elimination
- Recovery Community Organizing & Mobilizing
- Addiction counseling
- Peer-Based Recovery Support Services Development & Integration
- Coalescing Prevention, Harm Reduction, Treatment, & Recovery Professionals & Communities



I still have no idea



what I'm doing



What is Stigma?



That Ancient Stain

Stigma is a degrading and debasing attitude of the society that discredits a person or a group because of an attribute... Stigma destroys a person's dignity; marginalizes affected individuals; violates basic human rights; markedly diminishes the chances of a stigmatized person of achieving full potential; and seriously hampers pursuit of happiness and contentment.

2015 International Conference on Stigma
Howard University, Washington, DC



When is Soaks Through

“Internalized” stigma... occurs when a person cognitively or emotionally absorbs stigmatizing assumptions and stereotypes... and comes to believe and apply them to him- or herself.

Drapalski, et al., (2013)



Internalized Stigma Outcomes

- Depression
- Decreased hope
- Worsening symptoms
- Less likely to seek help



Group Discussion

Maine General's Story – Measuring Stigma



- Throughout our communities
- Survey Monkey, social media, in-person



- Providers, nurses, front line staff, specialty practices
- Staff meetings, via email surveys



- Early in treatment, long term recovery, and currently using
- Social media, focus groups, needle exchange, recovery programs

How has stigma impacted your nation and your community?



Fighting Stigma



Evidence-Based Interventions

Stigma Elimination Through Contact

Stigma Elimination Through Education

Stigma Elimination Through Language



Contact



Message of Hope

“Many of us have carried a message of hope on a one-to-one basis; this new recovery movement calls upon us to carry that message of hope to whole communities and the whole culture. It is time we stepped forward to shape this history with our stories, our time and our talents.”

- William White











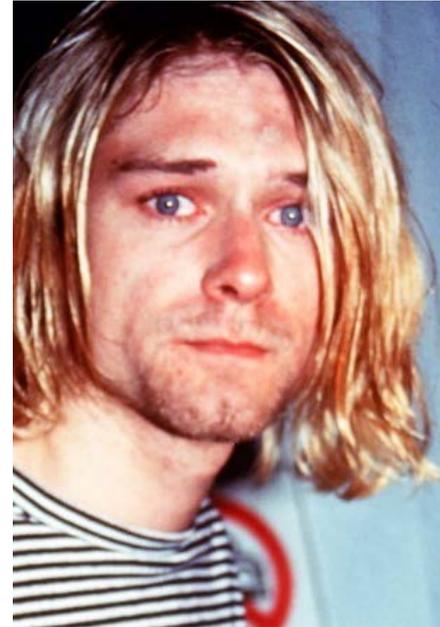
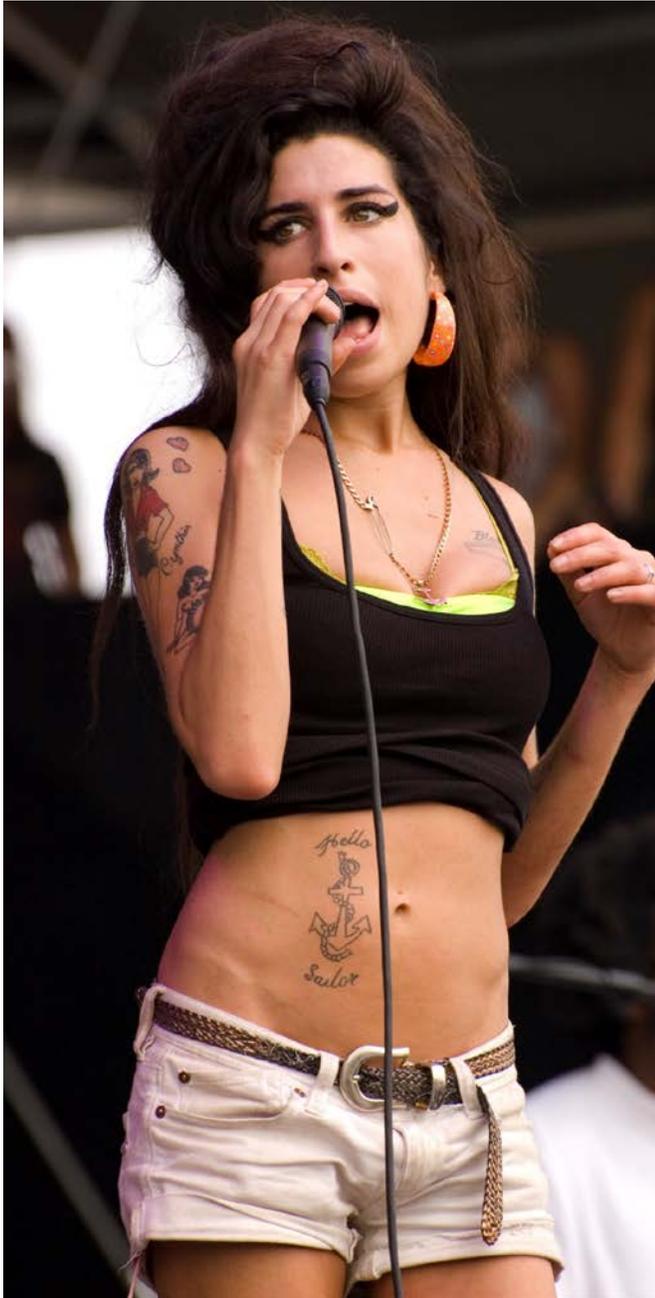
UNIVERSITY OF IDAHO
ART OF
COURTESY AWARD
Presented to
Mark Sandlyer
University of Idaho
Faculty and Staff



How did Donald McDonald get well, stay well, then get better than well?

- Immediate access to adequate & appropriate treatment services.
- Continuing care including access to outpatient treatment, psychiatric services, professional counseling, medical care, etc.
- Robust choice among recovery support services & mutual aid in my community.
- Family, friends, & allies supporting my recovery lifestyle.
- Recovery supportive employment.
- Safe housing & reliable transportation.
- Recovery visibility to provide hope & inspiration.
- Freedom to go back to school, seek more meaningful employment, & discover my purpose.
- Opportunities to be of service & feel part of.





What Drives Public Perception?





**Our Stories
Have Power!**





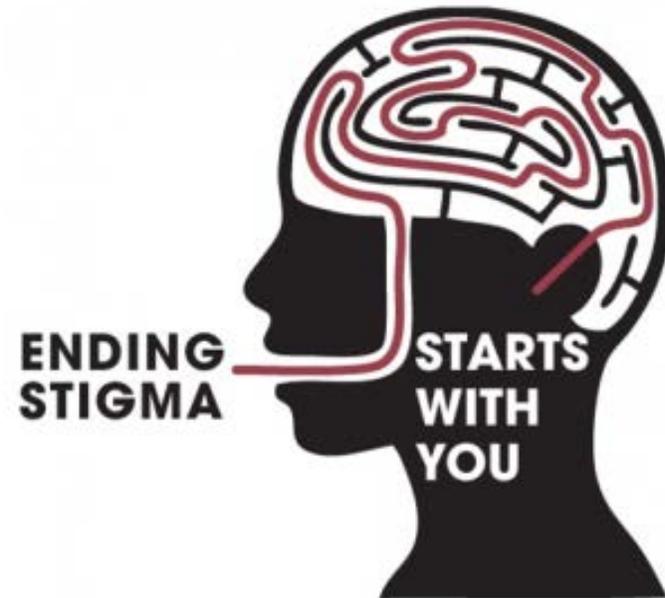
FACES & VOICES OF RECOVERY

Our Stories Have Power

Recovery Community
Messaging Training



Language



Language Matters

“Words are important. If you want to care for something, you call it a **flower**; if you want to kill something, you call it a **weed**.”

– Don Coyhis



Change Your Language



Michael Botticelli, Former
Director of the White House
Office of National Drug
Control Policy

"By using accurate, non-stigmatizing language, we can help break the stigma surrounding this disease so people can more easily access treatment, reach recovery, and live healthier lives."



Pejorative Language

Using language that is intended to disparage or belittle a group of marginalized or vulnerable people is considered harassment and discrimination.

Publicly, we refrain from pejorative expressions describing race, ethnicity, religion, national origin, sexual orientation, gender identity, disability, etc.

When we use pejorative words such as *junkie* or *crack head*, we are causing harm. Let's resolve to stop – in the face of the deadliest public health crisis in American history. This is the easy part of the solution.



LIPS THAT
TOUCH LIQUOR
SHALL NOT
TOUCH OURS



That Pernicious Label



ABUSE

- Technically inaccurate
- Morality-based
- Implies choice
- May cause harm

Contributes to the social and professional stigma attached to substance use disorders and may inhibit help-seeking and may negatively impact the rendering of appropriate services.

(N = 728) Smoking Gun

White, W., Kelly, J. (2010)





DON'T SAY

- Substance Abuse
- Former Addict
- Alcoholics & Addicts

"If you want to care for something, you call it a **flower**, if you want to kill something, you call it a **weed**."

- Don Coyhis, White Bison

Language Matters

info@APNC.org
APNC.org



@YourAPNC



DO SAY

- Substance Use or Misuse
- Person in Recovery
- People with alcohol or drug problems



That Pernicious Label



- Rooted in Religion
- Morality-based
- Implies choice
- Promotes shame

Lapse of faith, lapse in grace, lapse in judgment, lapse into bad habits, lapse in payments... Entered medical lexicon during temperance movement.





DON'T SAY

- Clean or Dirty Drug Screen
- Lapse or Relapse
- Relapse Prevention

"It is time people in recovery rejected imposed language and laid claim to words that adequately convey the nature of our *experience, strength, and hope.*"

- Bill White

Language Matters

info@APNC.org
APNC.org



@YourAPNC



DO SAY

- Positive or Negative Drug Screen
- Return to Use
- Recovery Management



Recovery Dialects

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	✗	✗	✗	✗
Alcoholic	✓	✗	✗	✗	✗
Substance Abuser	✗	✗	✗	✗	✗
Opioid Addict	✓	✗	✗	✗	✗
Relapse	✓	✗	✗	✗	✗
Medication-Assisted Treatment	✗	✗	✗	✗	✗
Medication-Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓



Education



What is Addiction?

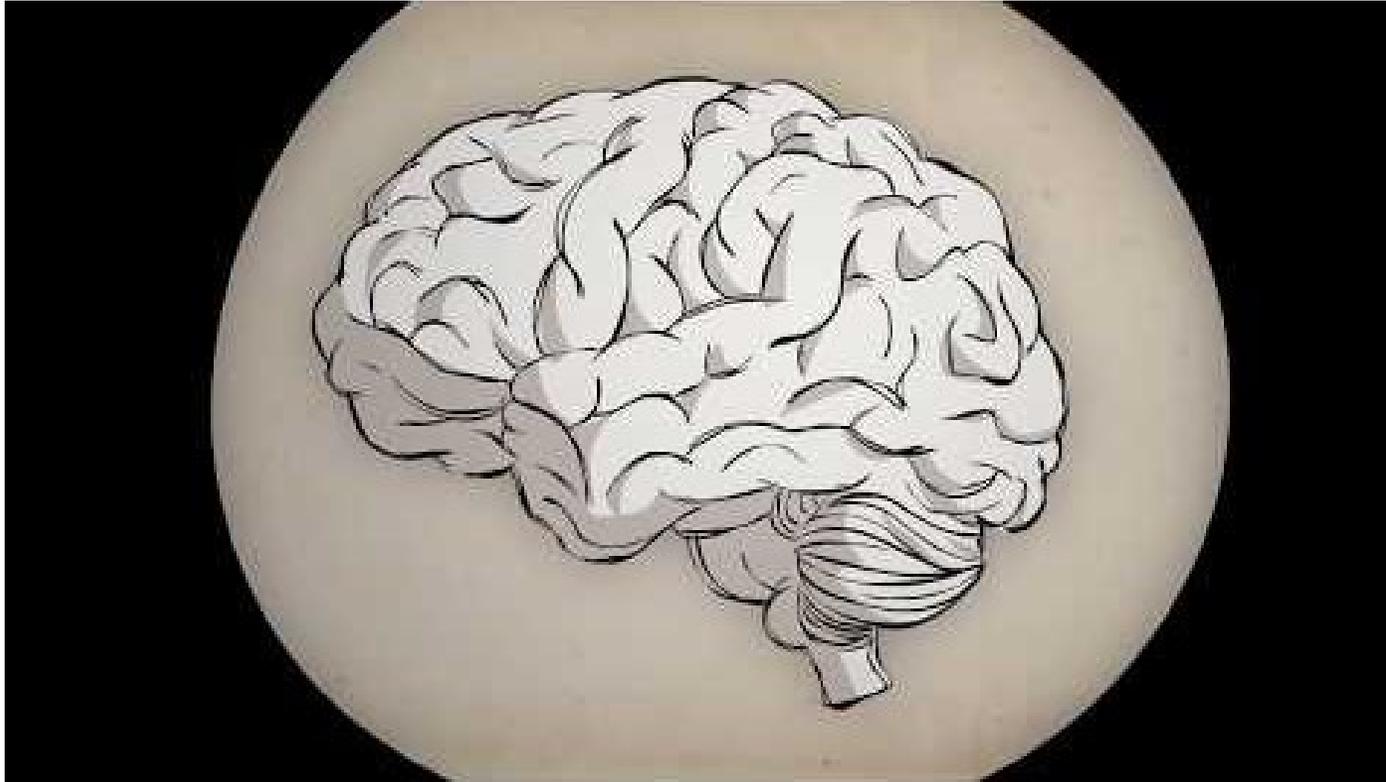


What we see...

Compulsive Use of
Substances in Spite
of Consequences



What is Addiction?



[Video](#)

Vulnerability

We are not eggs.
Only 15% of
people who use
drugs become
addicted.



50% estimated genetic influence



Co-occurring mental disorder 50%



Adverse Childhood Experiences 2/3



Dislocation/Isolation/Lack of Purpose



Early Drug Use*****



The Debate is Over

- 1939 *The Doctor's Opinion* Alcohol craving seems to be the manifestation of an allergy in some people. "They are often able, intelligent, friendly people."
- 1956 The AMA Declares Alcoholism an Illness.
- 1967 – 2008 *Ten Studies that Shook the Addiction World (Brain slides for days...)*
- 2011 ASAM's definition: "Addiction is a brain disease..." (four years of literature study and consultation with 80 experts...)
- 2016 The Surgeon General's Report on Alcohol, Drugs, and Health "Addiction to alcohol or drugs is a chronic but treatable brain disease that requires medical intervention, not moral judgment."
- 2018 ASAM Strategic Plan strengthens focus on a full spectrum of addiction care: Prevention, Treatment, Remission, & RECOVERY!



Disordered Learning

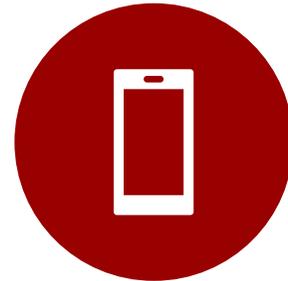
Most people experiencing addiction begin using drugs between the ages of 12 & 18.



SAFETY & COMFORT



COPING, JUDGMENT,
& DECISION MAKING



DELAYED
GRATIFICATION



NATURAL REWARDS
& JOY





ADDICTION POLICY FORUM

AddictionPolicy.Org



Questions?



Thank you

The purpose of RCORP is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

Donald McDonald, MSW
DMcDonald@jbsinternational.com

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