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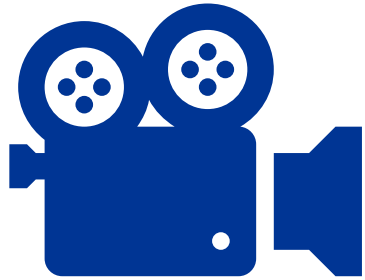


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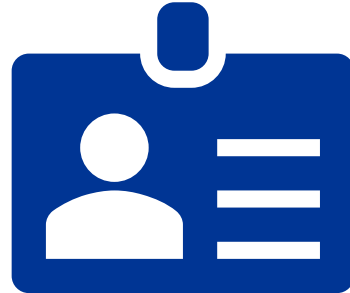
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Mutual Agreement

- Everyone on every PERU webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for COE clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.



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Program Evaluation and Research Unit

Addressing Community Stigma



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By the end of this module, you will be able to do the following:

- Describe the **causes** and **consequences** of stigma related to SUD
- **Recognize** and **challenge** stigmatizing language and attitudes
- Develop organizational **strategies** to reduce stigma
- Use **advocacy** to effectively work to minimize stigma in your community



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Stigma Basics



Stigma

"Stigma refers to a social process, experienced or anticipated, characterized by exclusion, rejection, blame, or devaluation that results from experience, perception, or anticipation of an adverse social judgment about a person or group identified with a particular characteristic."



Components of Stigma

- **Labeling** – noticing and naming differences
- **Stereotyping** – associating named differences with negative traits
- **Separation** – labeled people are considered separate (i.e., “us” and “them”)
- **Status Loss** – lowered placement in the social hierarchy
- **Discrimination** – unfair treatment due to differences (individual or structural)



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Causes of Stigma

- **Complex** and multifaceted
- Moral **judgement**
- Lack of **understanding** or knowledge¹
- **Cultural** beliefs²
- Media³



Recovery Pathways



Treatment type¹

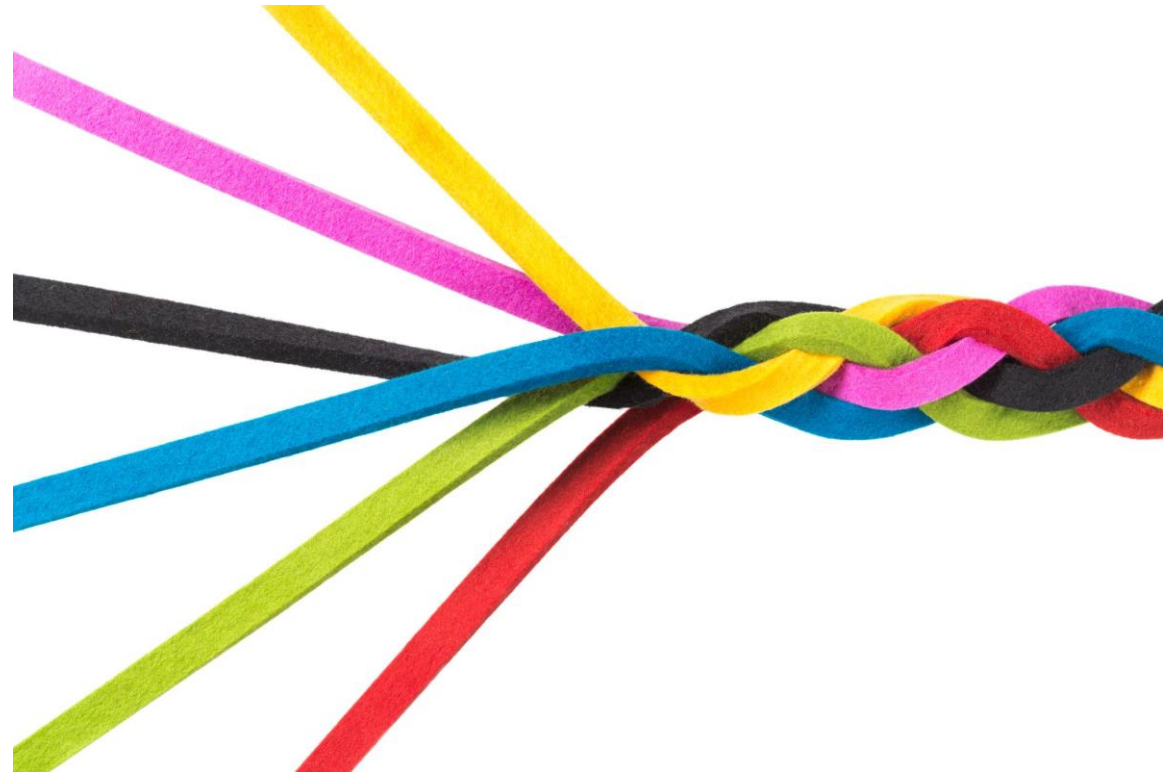
12-step recovery²

Nontraditional recovery²

¹ Huhn et al., 2020; ² Kelly, 2017)

Harm Reduction

- Needle exchanges
- Safe injection sites
- Naloxone



Paternalistic Values and Stigma

- Deny agency
- View individuals as flawed
- View abstinence as the only acceptable goal
- Assume those with SUD are not responsible
- Minimize systemic factors



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Discussion Question

What paternalistic behavior have you seen in your practice? How have you addressed these behaviors?



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Effects of Stigma

- Discriminatory practices¹
- Treatment outcomes²
- Therapeutic alliance³



(¹ National Institute on Drug Abuse, 2020; ² McKee et al., 2021; ³ Becker & Whitley, 2013)



Tools for addressing Stigma



Education



Provides accurate and evidence-based information



Challenges stereotypes and myths



Reduces stigma



Increases empathy

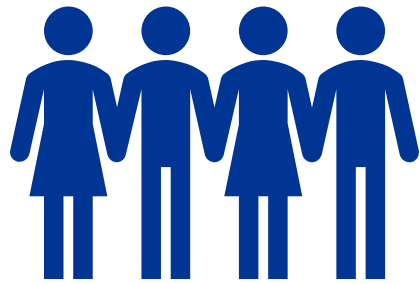


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Contact-Based Interventions



Brings individuals with SUD into **contact** with those who do not have SUD



Challenges negative attitudes and beliefs through **personal interaction**



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Advocacy



Challenges **discriminatory** practices

Helps **reduce** stigma

Promotes **empathy** and **understanding**

Promotes **evidence-based** approaches



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Person First Language



Reduce stigma



Model empathy and respect



Advocate for the person



Some Examples of Person First Language

Words to Avoid	Words to Use Instead
Addict, alcoholic, drug abuser	Person with a substance use disorder
Abuse	Misuse, use, used other than prescribed
Clean, dirty test result	Positive, negative test result
Relapse	Recurrence in use
Denial	Ambivalence
Resistant to treatment	Choosing not to, not in agreement



Addressing Stigma Starts with Me



Self Reflection

Reflect	Challenge	Recognize	Educate
Reflect on your own attitudes and beliefs	Challenge any negative assumptions	Recognize that recovery is not one size fits all	Educate yourself on all recovery pathways

Using Contact Based Interventions



Engage with people who have diverse experiences



Seek our perspectives on different recovery pathways



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Using Supervision



Promotes diversity and inclusion

Provides a safe space for discussion and exploration

Provides education and training of best practices



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Addressing Stigma in the Recovery Community



Engage with the Recovery Community

Providing
education
decreases stigma

Collaborating
leads to
comprehensive
treatment

Communicating
improves client
outcomes



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Recovery Meetings

- Not all meetings are alike
- Clients are not obligated to explain their treatment
- Some types of meetings to consider
 - Medication Assisted Recovery Anonymous (MARA)
 - Self-Management and Recovery Training (SMART) Recovery
 - All Recovery



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Use Recovery Principles to Combat Stigma

- “Live and let live”
- “What do you want to do about your problem and how can I help?”
- “The only requirement for membership is a desire..”
- “..no opinion on outside issues”
- “There is no model of the recovering...”



Addressing Stigma Through Advocacy



Advocacy

“Advocacy entails the pursuit of **influencing outcomes**—including public **policy** and **resource allocation** decisions within political, economic, and social systems and institutions—that directly affect people’s lives. It consists of a set of **organized efforts** and **actions** that **effect change** in a **decision maker’s perception** and **understanding** of a problem, issue, or reality with the **purpose of bringing clear improvements** in one’s life.”



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Using Advocacy to Address Stigma

- Start or join a coalition¹
- Develop messaging²
- Mobilize grassroots support³
- Identify problematic policies⁴

¹Barnes, 2018 ²Moore et al., 2020 ³Moreno & Whitehill, 2014 ⁴Brewer, 2019



Advocacy in Case Management

- Advocacy in case management can support:
 - Improved client experience
 - Improved population health
 - Reduced healthcare costs
- Collaboration between providers and across care settings is important for improving healthcare outcomes
- Advocacy is important to the case management role as case managers help clients move through the continuum of care



Types of Advocacy in Case Management

Type of Advocacy	Sample Case Management Activities
Client (Individual)	<ul style="list-style-type: none"> • Respect for and protection of client's autonomy, independence, self-determination, and right to choice • Seeking client involvement in care planning and decision making • Speaking on behalf of the client and about what is in the client's best interest
Organization (Service)	<ul style="list-style-type: none"> • Performance improvement activities • Enhancing access to health care services and community support resources • Provision of care that is evidence-based
Community (Population)	<ul style="list-style-type: none"> • Outreach programs • Participation in local public advocacy groups • Ensuring the availability of effective community resources
Global (State, National)	<ul style="list-style-type: none"> • Lobbying for health care-related law change or pro-client regulation • Participation in national public advocacy groups



Group Discussion

What are ways that COEs could **address stigma** using **each type of advocacy**?



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