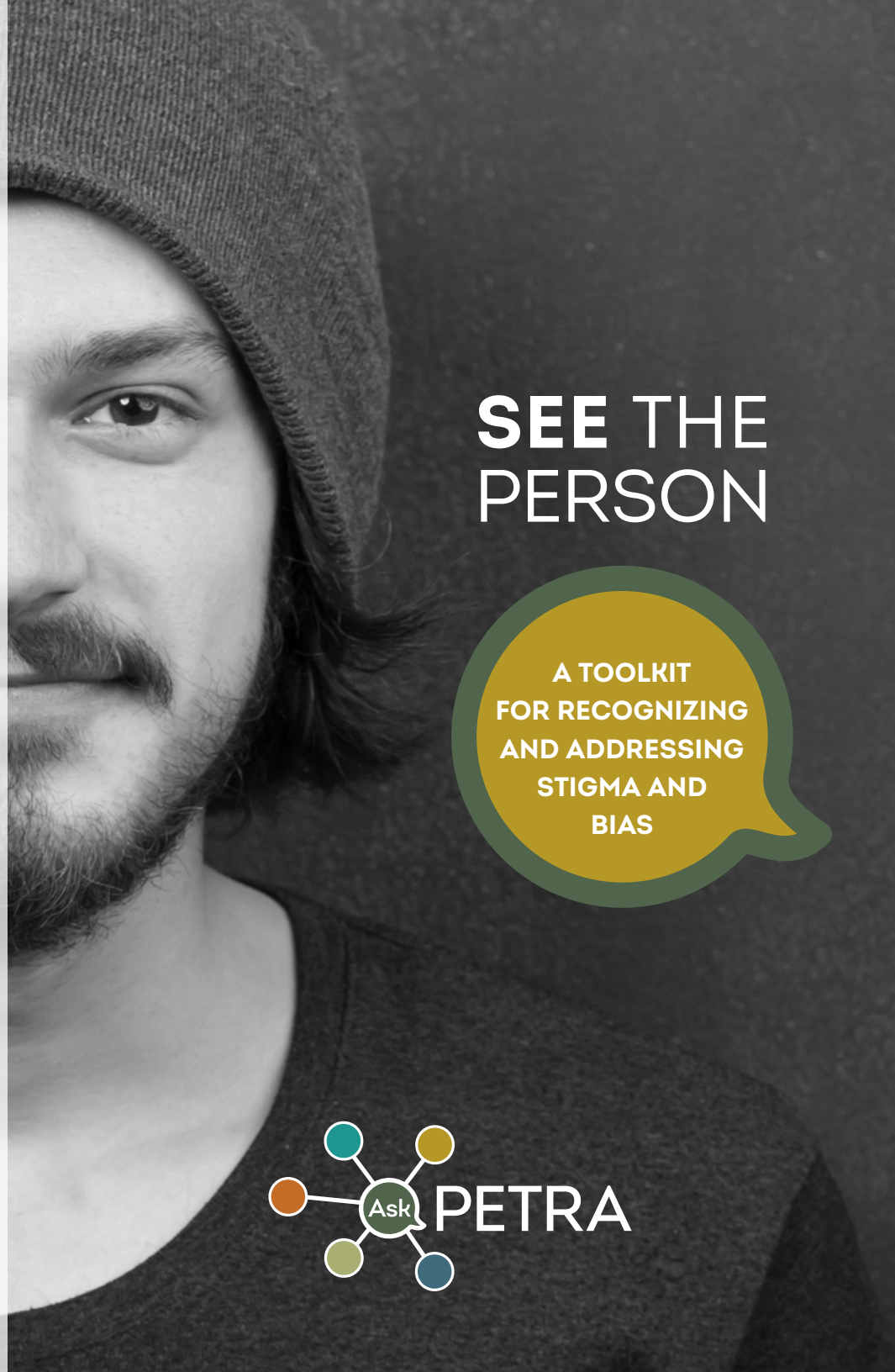
AskPETRA.org

AskPETRA is a free service that provides local resources, training, and one-on-one help to connect adults, families, and providers with the support they need to understand, prevent, and treat substance use disorder (SUD) in northern NH.

Contact AskPETRA to schedule a training on *Stigma and Bias in SUD and Mental Health Among Marginalized Populations* (CEUs Provided): 603-259-1729 or AskPETRA@NCHCNH.org.

**Stigma is a barrier to recovery. Together, we can remove it!**



# **SEE** THE PERSON

## A TOOLKIT FOR RECOGNIZING AND ADDRESSING STIGMA AND BIAS

North Country HEALTH CONSORTIUM

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AskPETRA

## ▶ INTRODUCTION

**“Junkie”, “addict,” “crazy,”** and **“lush”** are some of the terms we may have heard – or even used ourselves.

But these are not just words; they are labels.

**And labels have the power to shape who we become.**

Labels can be dehumanizing, reducing individuals to their diseases or traits. The words we choose hold significant power, and **by using positive language, we can foster positive outcomes.**

This toolkit aims to present residents of the North Country with resources and information, **enabling providers to tailor service delivery to their needs and capacity**, and to share and implement these practices within their healthcare system and beyond.

**This booklet covers effective strategies to reduce stigma and bias while encouraging individuals to advocate for their needs related to substance use disorder (SUD) and mental health. It highlights the importance of education and information, enhances the ability to confront stigma and have difficult conversations, and engages individuals in the treatment and referral processes.**

## Stories of Stigma from the North Country

“I spent my entire adult life working in the medical field. I saw first-hand the stigma that providers exhibited toward mental illness. So I hid my bipolar disorder, went unmedicated, and had severe symptoms associated with my manic highs and lows. I tried to take my life 20 years ago, which resulted in hospitalization. I am receiving treatment now. My fear of stigma almost killed me.

-A Nurse on the Mend



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**80** Percentage of Americans who admitted they’d be unwilling to associate with someone with an SUD.

## Stories of Stigma from the North Country

“I had a client in her third trimester of pregnancy. She was actively using substances and hadn’t engaged in prenatal care. She was ready for treatment but needed medical clearance to go. I went with her to her first prenatal appointment where the doctor told her she was irresponsible. She never returned, and as a result, received no prenatal care for her baby.

-A Recovery Coach

## ▶ STIGMA AND BIAS DEFINED

Merriam-Webster Dictionary defines stigma as "a mark of shame or discredit and/or a set of negative and unfair beliefs that a society or a group of people have about something." Bias is defined as "a tendency to favor one thing over another, usually in an unfair way." **Stigma and bias are often based on stereotypes rather than knowledge, resulting in prejudgment and contributing to prejudice.**

**1 in 6** **People needing SUD treatment who feel that doing so would risk losing their job.**

### FORMS OF STIGMA

**Public or Social Stigma:** Happens when the public endorses negative stereotypes resulting in discrimination.

**Self Stigma:** Internalization of public stigma.

**Perceived Stigma:** The belief that others hold negative beliefs contributes to public and self-stigma.

**Label Avoidance:** This happens when individuals choose not to seek treatment to avoid being assigned a label.

**Stigma by Association:** This occurs when stigma affects someone linked to an individual with SUD or mental illness.

**Structural Stigma:** This is the result of institutional policies or societal structures resulting in fewer opportunities for people with SUD or mental illness.

**Health-Practitioner Stigma:** This happens when stereotypes negatively affect patient care.

## ▶ WHY WE STIGMATIZE

Bias and judgment are normal reactions that help keep us safe. **It's natural to feel more comfortable around people who are like us, but we need to be careful to treat everyone fairly, no matter who they are.** The way we think and act often comes from things we learned when we were younger, which requires honesty and effort to change.

**Substance Use Disorders (SUD) and mental illness often face stigma, or unfair negative opinions, for a few reasons:**

**Lack of Understanding:** Many people don't know much about SUD or mental illness, so they see them as personal failures instead of real health problems.

**Old Beliefs:** Negative views about these conditions have been around for a long time and keep getting passed down.

**Media Influence:** The media often focuses on the negative behavior of people with SUD or mental illness, shaping or reinforcing stigma.

**Fear of the Unknown:** The unpredictable behavior of people with these conditions can frighten others, leading to fear and avoidance.

**Blame and Responsibility:** Some cultures place a high value on self-control and blame people with SUD or mental illness for their struggles.

***To fight this stigma, we need to educate people, have open conversations, show kindness, and change how society views these issues.***

**Stigma is a process by which the reaction of others spoils normal identity**

-Erving Goffman

## Stories of Stigma from the North Country

"My husband was on medication for diabetic neuropathy and the medication caused him to have suicidal thoughts. He already had an underlying mental illness, but he did not disclose this to his provider. A month later, he took his life. His own stigma did not allow him to ask for help.

-A Grieving Widow

## Stories of Stigma from the North Country

"My son struggled most of his life with substance use disorder (SUD) and mental illness. I started to believe all the things that people in our community said about him. Stigma stopped me from being the parent that he needed, and it almost cost me a relationship with my son in his recovery.

-A Grateful Parent

## ▶ HOW STIGMA AFFECTS PEOPLE

Stigma affects people in many ways. Although the way we experience stigma may vary, the effects do not.

**Any form of stigma is both harmful and:**

- **Increases fear**
- **Prevents people from seeking help**
- **Undermines a person's role in society**
- **Contributes to continued use of substances**
- **Contributes to a lack of adherence to treatment plans, recovery wellness plans, and relapse prevention plans**
- **Contributes to a lack of access to resources**
- **Increases isolation**
- **Contributes to poor health outcomes**
- **Results in a lack of support**
- **Contributes to development of behaviors to hide SUD and mental illness**
- **Contributes to relapse**

**21.5M** Number of Americans 12+ who have SUD

## ▶ DEFINING MARGINALIZED POPULATIONS

Marginalized Populations include those who are more vulnerable due to various factors, such as all types of disability (both visible and hidden), a lack of belonging within accepted groups, and/or lower socioeconomic status. These populations are more susceptible to harm, whether intentional or unintentional, and experience disadvantage in greater proportions.

### TYPES OF MARGINALIZED POPULATIONS

- **Pregnant and Parenting Women with SUD and/or Mental Illness**
- **Aging Adults**
- **Homeless Individuals**
- **Professionals with SUD or Mental Illness**
- **Members of the LGBTQIA+ Community**
- **Individuals with Disabilities**
- **Individuals Living in Poverty**
- **Individuals of Differing Race and Ethnicity**
- **Individuals with a Criminal History**
- **So Many More...**

## Stories of Stigma from the North Country

"At the height of the opioid epidemic, my 15-year-old son was taken to our local emergency room unresponsive by first responders. As he began to wake up in the trauma room, we heard a nurse on the other side of the curtain refer to him as "just another overdose". I watched his face change as tears began to flow and he begged me to believe that he was not taking any drugs. Blood tests confirmed the absence of substances and 3 days later he was diagnosed with epilepsy by a pediatric neurologist. The hospital tried to discharge him the day of the event but we refused to leave without a referral. He almost didn't receive this diagnosis because of stigma.

-A Grateful Mom

## ▶ WHAT YOU CAN DO TO ADDRESS STIGMA AND BIAS

We all have biases if one form or another. The concern is not the person who has biases. It's the one who believes they have none. **If we don't recognize our bias, we can't address it.**

**Recognize and Confront Your Bias:** Become aware of what biases you hold. Ask yourself where each bias comes from and if you can overcome them.

**Educate Yourself:** Learn what you can from evidence-based resources.

**Share Information:** Educate others, pass on the facts, challenge myths and stereotypes.

**Be Person-Centered:** SUD and mental illness are only part of the picture. They are first and foremost a person. Focus on their positive attributes.

**Offer Support:** All individuals have a right to be treated with dignity and respect. Offer encouragement and support.

**Be Inclusive:** Include everyone. Don't exclude people with mental illness and SUD from rightful opportunities. They have much to contribute.

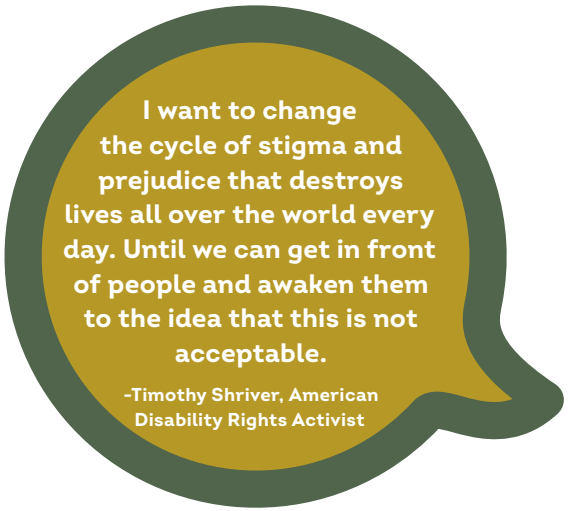
**Be Aware of Your Non-Verbal Cues:** Body language is a form of communication that can have as much or more impact as our words.

**Use Positive Language:** Words can be empowering or *dis*-empowering, humanizing or dehumanizing, evoke change or increase fear. Use language that promotes recovery, avoids labels, and focuses on the person first.

**Understand the Impact:** Stigma robs people of rightful life opportunities. It interacts with illnesses and exposes people to distorted experiences. It can lead professionals to withhold appropriate services.

*Reducing stigma also has a profound effect.* It increases positive outcomes in recovery, leading people to engage in services and seek treatment.

**Be Honest:** If you can't overcome your bias, recognize that this is okay and connect people to someone that does not hold this bias.




## Stories of Stigma from the North Country

"My child lives with Tourette Syndrome. When he was 11, he struggled with a lot of motor tics, especially in school because of anxiety. His fifth-grade teacher told me she didn't believe these tics were beyond his control and were a result of poor parenting. Her stigma did not allow her to see us for who we were.

–An Angry Father



## Stories of Stigma from the North Country

"An older adult with Alcohol Use Disorder (AUD) began to display some issues with his memory. All members of his care team believed this was due to his AUD. He was admitted to inpatient treatment but then discharged as "beyond their level of care." Turned out he had impaired cognitive functioning and required a different form of treatment in addition to AUD treatment. He was almost overlooked due to stigma associated with his AUD.

–A Community Health Worker/Recovery Coach (CHW/RC)

## ▶ WHAT YOUR ORGANIZATION CAN DO

**For a team to become "Change Agents" and champion the cause, recognize that every person within an organization can affect the experience of patients/clients.**

### DEVELOP A PLAN OF ACTION:

- Identify stigma within your organization by listening to the language that is used.
- Reflect on the message you want to share and define it.
- Determine how and with whom your message will be shared.
- Determine how you will encourage culture change within your organization.

### PROVIDE EDUCATION AND INFORMATION:

- Locate training courses that are engaging and provide an incentive for staff to attend.
- Share information and encourage staff to ask questions and engage in conversations.
- Create teachable moments.

### BE THE CHANGE YOU WANT TO SEE:

- Model the expectations that you have of staff.
- Participate in trainings and seek out education.
- Get comfortable with difficult conversations and encourage discussion.

### REMAIN FLEXIBLE:

- Expect that you will need to make changes along the way.
- Anticipate resistance and understand change is hard for people.
- Look at other successful campaigns and be open to making modifications.

### INVITE AskPETRA TO HELP:

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## Stories of Stigma from the North Country

"I was working with a client with schizoaffective disorder who claimed that someone was living under her porch. She called her local law enforcement many times but was told that nobody was living under her porch. To confirm this, I went under her porch. There was indeed somebody living there. She was ignored due to her diagnosis. This is stigma."

–A Wise Provider



## ▶ BETTER WORDS – AT A GLANCE

| SAY THIS | NOT THIS | WHY? |
|---|---|---|
| "Person With Substance Use Disorder (SUD)"<br>"Person With Opioid Use Disorder (OUD)"<br>"Person With Alcohol Use Disorder (AUD)"<br>"Patient"<br>"Client"<br>"Person In Recovery" | "Addict"<br>"User"<br>"Drug Abuser"<br>"Junkie"<br>"Alcoholic"<br>"Drunk"<br>"Former Addict" | Using person-first language shows that a person *has* a problem rather than they *are* a problem.<br>Negative words can create feelings of judgment and shame. |
| "Substance Use Disorder (SUD)"<br>"Use"<br>"Misuse" | "Habit"<br>"Abuse" | The words "habit" and "abuse" have been shown to create shame and the feeling of being judged. |
| "Testing Negative"<br>"Testing Positive" | "Clean"<br>"Dirty" | Using words that don't stigmatize is important in allowing a person's sense of hope and comfort. |

**FOR A DEEPER DIVE ▸** **Find additional information and resources at** AskPETRA.org/education/why-words-matter/

## Stories of Stigma from the North Country

"When I was 16, I wanted to tell my family I was gay. When I approached the subject, my mother said she would never accept it, so I held back. Instead, I packed my things and stayed with different friends for a long time. I ended up using substances to numb my pain and became addicted. My mother's stigma changed who I was meant to be, it took me a long time to find recovery."

–An LGBTQIA+ Community Member