



Identifying, Deconstructing, and Reducing Stigma: A Toolkit for HRSA Georgia Health Policy Center Grantees

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Identifying and Dismantling Stigma: A Primer

The addiction recovery journey has many facets and is fraught with numerous obstacles, challenges, pitfalls, and barriers that can impede and even end the journey itself. From work-related issues, medical and mental challenges, criminal justice involvement, family challenges, even how individuals view themselves, stigma can conspire to significantly reduce the success of a recovery journey. All these issues and challenges occurring along the recovery pathway are exacerbated by the daunting and intractable presence of a variety of macro-, meso- and micro-level stigmas that affect almost every situation, conversation, and activity a person recovering from an addiction may or must engage in. Thus, during a critical time when an individual needs significant support, encouragement, tolerance, and compassion, stigma can diminish, obfuscate, or completely block available routes to recovery.

This primer includes an overview and discussion of the definition of stigma, the three categories of stigma, and various ways to identify and understand stigma. It reviews ways that sustain stigma, the effects of stigma, exercises to determine whether you are contributing to stigma, and a review of several theories that address and attempt to deconstruct and eliminate addiction-related stigma.

How to Use This Primer

We created this document to provide a rapid overview and basic understanding of the types and characteristics of stigma, challenges, and effects associated with it; several strategies and approaches to reduce and eliminate stigma; and a variety of worksheets and self-assessment tools. Each section provides a topic overview and links when applicable to a variety of additional resources available for deeper immersion into the topic. For worksheets and other hard copy documents, clicking the link takes you directly to those documents in the appendices. Finally, an accompanying spreadsheet provides all resources available within this document as well as curated resources related to stigma identification and reduction.

The structure of the toolkit is simple and easy to navigate. The headings quickly assist in identifying the type of information in that section and each section can stand alone as a resource. You can also use the toolkit as an orientation document to provide a general overview of the types and impact of stigma, as well as strategies to recognize and reduce it.

Using this toolkit will be helpful to anyone seeking to understand stigma and the strategies and approaches required to eradicate it within the workplace and community.

To begin, review the section headers to obtain an overview of the toolkit, worksheets, and resources available within the document and spreadsheet. Then, simply dive into the section you need to accomplish the goal or objective that brought you to the toolkit. Finally, use the convenient linked resources within the document to move from the text to the applicable worksheet or tool you seek.

What Is Stigma?

To understand stigma, we must first understand how the human mind sorts through the millions of images, messages, and thoughts that occur every day. Sorting is based around characteristics of difference. When the sorting includes an evaluation of someone's social worthiness in our society, it becomes a stigmatizing action. One of the ways we are sorted is by whether we use drugs or not. This sorting is not done in isolation but almost always intersects with structures of discrimination based on race, class, gender, migrant or immigrant status, and other characteristics (C4 Innovations, 2021).

Hatzenbuehler et al. (2013) define stigma as

“The co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a context in which power is exercised. Stigma overlaps with racism and discrimination, but it differs from these constructs in several respects. Although race/ethnicity is a stigmatized status, the stigma concept encompasses multiple statuses and characteristics, such as sexual orientation, disability, HIV status, and obesity; thus, stigma can be seen as broader in scope than racism. Similarly, discrimination—both at the individual level (i.e., the unequal treatment that arises from membership in a particular social group) and at the structural level (i.e., societal conditions that constrain an individual's opportunities, resources, and well-being)—is a constitutive feature of stigma.”

The World Health Organization (2002) states that stigma “results from a process whereby certain individuals and groups are unjustifiably rendered shameful, excluded, and discriminated against.” Patrick Corrigan, principal investigator at the National Consortium for Stigma and Empowerment, provides additional clarity by distilling stigma into three parts: *stereotyping*, which has to do with thoughts and assumptions; *prejudice*, which includes negative feelings; and *discrimination*, which results in changed behavior and access to opportunity for stigmatized groups (Corrigan & Kosyluk, 2014).

To further understand and identify stigma, the Center for Substance Abuse Treatment convened an addiction-related expert panel to explore stigma's impact on those with substance use disorders and addiction challenges. The panel determined that (Substance Abuse and Mental Health Services Administration, 2000):

- Addiction-related stigma is a powerful, shame-based mark of disgrace and reproach.
- Stigma is generated and perpetuated by prejudicial attitudes and beliefs.
- Stigma promotes discrimination among individuals at risk for, experiencing, or in recovery from addiction, as well as individuals associated with them.
- Addicted people and people in recovery are ostracized, discriminated against, and deprived of basic human rights.
- Stigmatized individuals often internalize inappropriate attitudes and practices, making them part of their self-identity.

For a more extensive exploration of stigma's impact on addiction and substance use and strategies to reduce it, see the Central East Addiction Technology Transfer Center's [Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma](#).

Stigma manifests itself across three broad categories, described in table 1. For a deeper exploration of stigma and its causes; impacts on micro, meso, and macro domains; and strategies to reduce or eliminate stigma, refer to [Ending Discrimination Against People with Mental and Substance Disorders: The Evidence for Stigma Change](#) (National Academies of Sciences, Engineering, and Medicine, 2016).

Table 1: Three Categories of Stigma

<p>Micro or self-stigma (internalized)</p>	<p>Self-stigmas or internalized stigmas are the judgments and negative evaluations we hold about ourselves. They are psychological in that they affect how we feel and our behavior, and they are existential in that they influence whether we think we, or even life itself, have meaning and purpose. Those who are stigmatized can internalize the negative judgments that are said about and to them. In some cases, the way people look at us can trigger these internalized judgment scripts. Beyond storing these experiences, we begin to believe them. We keep them active, developing structures of shame and guilt that can cause us to spiral into isolation, loss of will, and feelings of hopelessness. Acknowledgement and acceptance of our inherent dignity, the fact that our right to a life of respect, possibility, and fulfillment is a not a privilege or dependent on others but something inherent (already in place) is a powerful way to counterbalance and diminish the harm of this internal erosion of selfhood.</p>
<p>Meso or public stigma (interpersonal and community)</p>	<p>Public stigma is how we think about others, not just individuals, but groups. Public stigma involves three processes: labeling differences, connecting those differences to stereotypes, and separating or sorting “us” from “them” to ensure that the stigmatized people experience a marked loss in social status. Public stigma occurs in our closest circles of relationships. These are our family and community ties and our relationships with our recovery peers and, in some cases, those who provide treatment and care. These stigmas are rooted in fear, distrust, betrayal, and disappointment. They lead to the fracturing of relationships, families, and groups. When our treatment and care relationships are corrupted by stigma, access to and quality of care diminishes. Rebuilding and strengthening relationships or establishing a new social network is a strong antidote to the impact of public stigma. Public stigmas can be difficult to maintain when family and community members, practitioners, and people struggling with substance use disorders are able to witness firsthand the reality of recovery.</p>
<p>Macro or structural stigma (institutional and societal)</p>	<p>Structural stigmas are the laws, policies, protocols, and practices that produce and maintain stigma at local, regional, and national levels and within institutions and organizations, such as healthcare and criminal justice settings. Stigmas are often collectively held. That is, they are a social norm. Together, most of society agrees that some people—for example, the “homeless,” “addicts,” “illegals”—are problematic and need to distance from everyone else. These attitudes are codified in laws and regulations, and institutional protocols and practices help reproduce and manage them. These structures must be broken and dismantled if these stigmas are to be undone. This takes new laws, new policies, defunding of social institutions, and redistribution of resources. It also requires a meaningful commitment to equality of opportunity and access to health care and other basic supports.</p>

The Impact of Stigma

Stigma interferes with an individual's full societal participation while stripping them of dignity and self-respect. Stigma's impact on an individual's treatment access and participation can destroy self-esteem, isolate and marginalize the individual, and create a pervasive sense of hopelessness.

According to the [Central East Addiction Technology Transfer Center](#) (2012), stigma can result in:

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

Stigma affects individuals suffering with substance use disorders and mental challenges in numerous ways and forms. Individuals understand, perceive, and define stigma and its impact in a variety of ways when applied toward an individual experiencing a substance use disorder, and stigma's target and impact often includes family members as well. Phillips and Benoit (2013) call this association [courtesy stigma](#).

Pervasive and insidious, stigma fuels inequality and is a powerful motivator for silence, isolation, and avoidance of activities that identify, perpetuate, or highlight an individual's particular challenge. For example, individuals may refuse to participate in treatment because it outs them as person with a substance use disorder.

Fear, prejudice, stereotyping, discrimination, distrust, and shame can all arise as a direct result of the impact of stigma, reinforcing the false belief that mental and substance use disorders are not diseases worthy of treatment and may not even be diseases at all.

Stigma provides a hidden and undeclared opportunity for private and public health insurance providers to deny or restrict access to coverage and the types of treatment available for the disorder. Stigma divides us, and many individuals do not want to work with, rent to, employ, engage with, or even live near anyone with an active substance use disorder or history of misuse.

Stigma impedes an individual's desire for treatment or care due to the potential for violations of confidentiality regarding their diagnosis or treatment protocol. Public response to stigma negatively affects opportunities, resources, and treatment access for individuals with substance use and mental disorders. Stigma stops people from seeking treatment because of the fear that they will not be treated with respect or dignity within the treatment system.

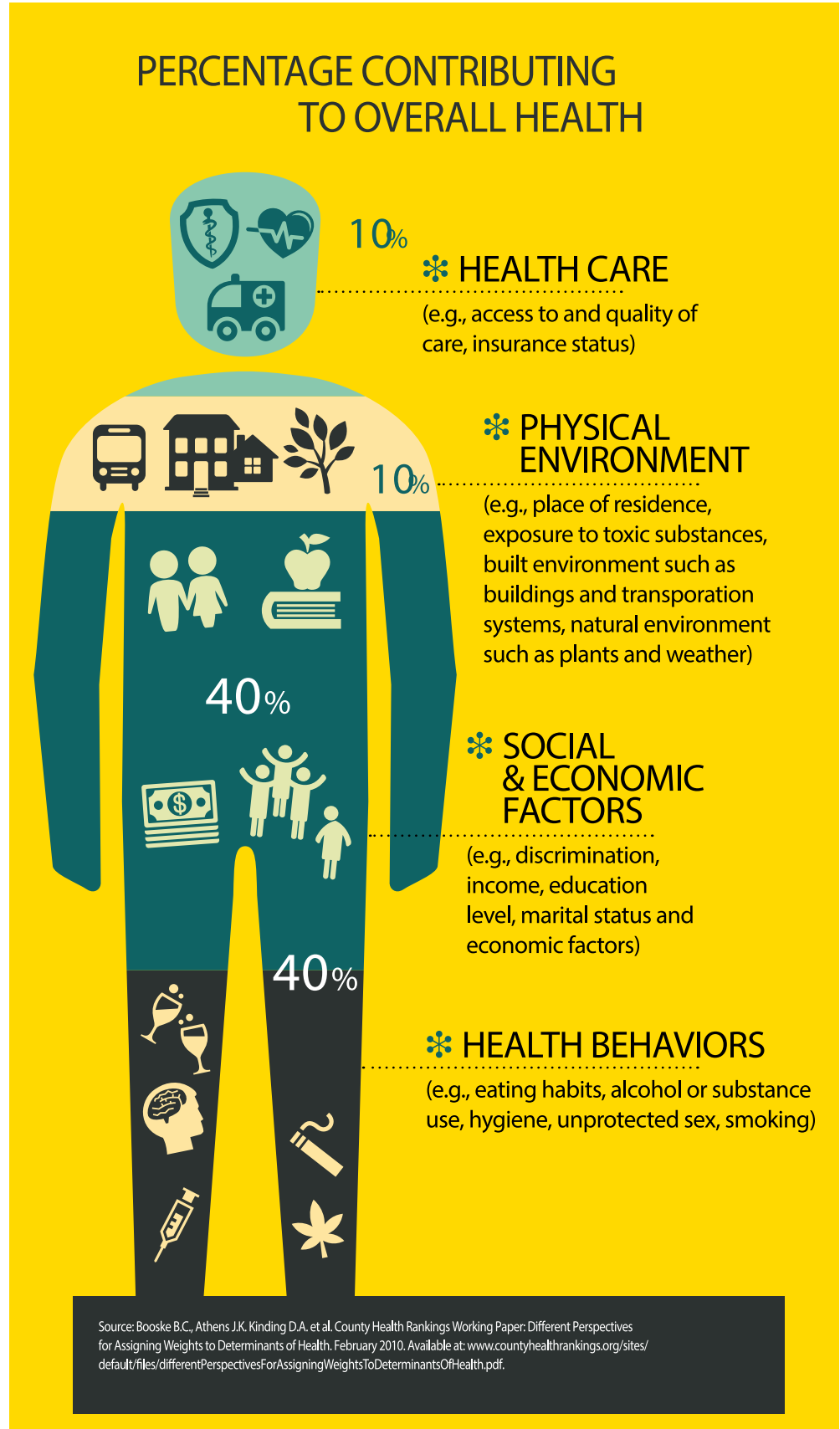
Stigma's Impact on Social Determinants of Health

The destructive patterns familiar with stigma also have an inordinate impact on the social determinants of health for individuals dealing with both addiction and mental challenges.

The American Academy of Family Physicians (2019) defines the social determinants of health as being “the conditions under which people are born, grow, live, work, and age that can significantly impact an individuals’ nonmedical and social needs outcomes.”

Social determinants of health include several nonmedical, but critically important, aspects of an individual’s life, including criminal justice involvement, transportation access, income and educational levels and access, physical environment, stigma and discrimination, type of insurance plan or lack of insurance coverage, and overall access to care (American Academy of Family Physicians, 2019).

Costs related to lost productivity, long-term treatment, and general health care are ways that mental and substance use disorders can either increase or contribute to poverty. Poverty also contributes substantially to mental illness as a direct result of poor or nonexistent housing access, food insecurity and malnutrition, and substandard educational access and achievement (World Health Organization, 2003). For a deeper exploration of the social determinants of health and their impact on mental and substance use disorders, see Social Determinants of Health (HealthyPeople.gov, 2020).



Stigma and Language: Words Matter

Stigmas related to addiction are widespread and can evolve rapidly. These stigmas have a variety of rationales for use; some may be personal, others arise unconsciously, and some stigmas arise within institutions. Some are used as a tool to force change, some are social in nature, and all have the potential to devastate the self-esteem of the stigmatized individual and create a strong reluctance to disclose, obtain treatment, or even stay in treatment long enough to complete it.

Table 2 summarizes information from the Central East Addiction Technology Transfer Center's [Anti-Stigma Toolkit](#) regarding how various stigmas are used and sustained.

Table 2: How Stigmas Are Used and Sustained	
Maintain distance	Stigmas provide excuses for people to distance themselves and ignore people with whom they don't want to associate: "They are not like us."
Hurt others	Stigmas are a way for people to purposefully hurt others and brand them as unworthy of love, patience, or opportunities.
Express disapproval	Stigmas are ways in which people can express disapproval of the behavior of others and discourage behavior that they are uncomfortable with.
Feel superior	Stigmas allow one group of people to feel superior to another group: "I'm better than they are."
Feel safe	Stigmas permit one group of people to feel safe and less vulnerable: "That can't happen to me."
Promote agendas	Stigmas permit people to discredit other people to promote their own personal and social agendas, goals, and objectives.
Control others	Stigmas allow one group of people to control another group by attempting to diminish the wholeness of people down to stereotypes.
Express fear	Stigmas allow people to express their fears about the beliefs and behaviors of other people in seemingly socially acceptable ways.

How society has talked and written about addiction has both caused and contributed to various forms of stigma. The "war on drugs" used disparaging, harmful, and punitive language to describe addiction and substance use disorders, reinforcing the self-stigma of shame, guilt, and marginalization. Although much progress has occurred in revising the language around substance use disorders and addiction to reduce and eliminate discrimination, the largest barrier to treatment for addiction is stigma. As knowledge increases about the causes of addiction, this information facilitates the reduction and deconstruction of stigma. Progress is slow, but it is occurring (National Alliance of Advocates for Buprenorphine Treatment, 2008).

In a recent study, the [Recovery Research Institute](#) (n.d.) asked participants how they felt about two people who were currently using alcohol or drugs. For the study, one person was identified as a "substance abuser" and the other participant was labeled as "having a substance use disorder." When researchers used the term substance abuser, participants' perceptions about the individual were mostly negative:

- Less likely to benefit from treatment
- More likely to benefit from punishment
- More likely to be socially threatening
- More likely to be blamed for the substance-related difficulties and it was less likely that their problem resulted from an innate dysfunction over which they had no control
- Less likely to control their substance use without help

SAMHSA's Center for the Application of Prevention Technologies (2017) created a training tool that recommends considering whether you are using language that perpetuates stigma by asking yourself these questions (the tool also features an expanded discussion and rationale for asking these specific questions):

- Are you using person-first language?
- Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
- Are you using sensational or fear-based language?
- Are you unintentionally perpetuating drug-related moral panic?

The Center for the Application of Prevention Technologies (2017) points out that having an increased awareness of the relationship between language and stigma is key to breaking this cycle and offers the following guidance to avoid stigmatizing language in organizational materials, policies, and procedures:

- Perform a language audit of existing materials for language that may be stigmatizing, then replace stigmatizing language with more inclusive language
- Critically reflect on the types of information you choose to disseminate (for example, an email alert) to ensure that you are doing so responsibly
- Every time you develop a message, consider it an opportunity to dispel myths and convey respect
- When developing new materials, seek input from various stakeholders including people who use drugs
- Train staff on issues related to substance use and stigma, including the important negative health and community outcomes related to perpetuating stigma

Table 3 outlines the National Alliance of Advocates for Buprenorphine Treatment’s (2008) review of common stigmatizing words and phrases and provides examples of preferred terminology to reduce and eliminate stigma. For a deeper understanding and more examples of person-first language, refer to [Appendix F](#) and these additional resources:

- [The Words We Use Matter: Reducing Stigma Through Language](#) (National Alliance of Advocates for Buprenorphine Treatment, 2008)
- [Using Person-First Language Across the Continuum of Care for Substance Use and Other Addictive Disorders: Words Matter to Reduce Stigma](#) (Ohio Language First Team, 2017)

Table 3: Stigmatizing Words and Phrases and Preferred Terminology		
Term	Problem with Terminology	Preferred Terminology
Addict, Abuser, Junkie	<p>These terms are demeaning because they label people by their illness. By making no distinction between the person and the disease, the terms deny the person’s dignity and humanity. In addition, these labels imply a permanency to the condition, leaving no room for a change in status.</p>	<ul style="list-style-type: none"> • Person in active addiction • Person with a substance use disorder • Person experiencing an alcohol or drug problem • Patient (when referring to an individual receiving treatment services)
Abuse	<p>Although <i>abuse</i> is a clinical diagnosis in the DSM–IV and ICD–10 code, the term is stigmatizing because of these factors:</p> <ul style="list-style-type: none"> • It negates the fact that addictive disorders are a medical condition • It blames the illness solely on the individual with the illness, ignoring environmental and genetic factors, as well as the ability of substances to alter brain chemistry • It absolves those selling and promoting addictive substances of any wrong doing • It feeds into the stigma experienced not only by individuals with addictive disorders, but also family members and the addiction treatment field 	<ul style="list-style-type: none"> • Misuse • Harmful use • Inappropriate use • Hazardous use • Problem use • Risky use
Clean or Dirty	<p>Commonly used to describe drug test results, these terms are stigmatizing because they associate illness symptoms (that is, positive drug tests) with filth.</p>	<ul style="list-style-type: none"> • Negative • Positive • Substance-free
Habit or Drug Habit	<p>Calling addictive disorders a <i>habit</i> denies the medical nature of the condition and implies that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior</p>	<ul style="list-style-type: none"> • Substance misuse disorder • Alcohol and drug disorder • Alcohol and drug disease • Active addiction

Table 3: Stigmatizing Words and Phrases and Preferred Terminology

Term	Problem with Terminology	Preferred Terminology
Replacement or Substitution Therapy	These terms imply that treatment medications such as buprenorphine are equal to street drugs like heroin. The terms suggest a lateral move from <i>illegal addiction</i> to <i>legal addiction</i> . This does not accurately characterize the true nature of this clinical treatment. The essence of addiction is uncontrollable compulsive behavior. The first goal of addiction treatment is to stop this dangerous addictive behavior. With successful buprenorphine therapy as part of a comprehensive treatment plan, the dangerous addictive behavior is stopped, not replaced.	<ul style="list-style-type: none"> • Treatment • Medication-assisted treatment or MAT • Medication-assisted recovery • Medications for opioid use disorder • Medication
User	The term is stigmatizing because it labels individuals by their behavior. It is also misleading because the term user has come to refer to one who is engaged in risky misuse of substances, although use alone is not necessarily problematic.	<p>When referring to use:</p> <ul style="list-style-type: none"> • Person who uses alcohol or drugs • When referring to misuse: • Person engaged in risky use of substance

Strategies to Resist and Reduce Stigma

Stigma is often a multicomponent, multi-phased event that involves several different actors. Any comprehensive anti-stigma strategy(ies) will need to address many if not all these components and participants. Unfortunately, it is unlikely that any single initiative will achieve this goal, and especially not within a limited period often established around initiatives of any kind. Shifting the balance of power and maintaining that shift is a long, often challenging process. For a more thorough discussion to understand the challenges, barriers, and strategies for success, you may want to read the article “Interventions to Reduce Discrimination and Stigma: The State of the Art” (Gronholm et al., 2017).

Important and consequential anti-stigma gains can be made without solving the “whole problem” of stigma. Steps considered positive include creating opportunities for people burdened with stigma to experience relief from stigma and glimpse what they could become and the relationships they might form if they were not constantly battling stigma. Many of the most powerful and consequential anti-stigma experiences occur when we have opportunities to restore our sense of agency and have authority to be the central character in our story. This means making decisions about our own lives and participating in processes of collective decision-making. These experiences cannot be hollow exercises, but must have real consequences. To identify whether you may be holding biased or stigmatizing messages, thoughts, or behaviors you are unaware of, consider visiting the Project Implicit website for a variety of bias self-assessments.

Definitions and models of stigma (Livingston et al., 2011) trace how we observe, label and judge differences. This process develops into structures of prejudice, discrimination, and oppression when one person or group has power over another, as occurs, for example, when a majority group controls a minority group. Considering this dynamic, we may be tempted to solve the problem by erasing differences and preventing labeling, but this strategy risks confusing kindness, compassion, equality, and justice with sameness or homogeneity. Differences are real, however, and how we organize sameness and difference will shape and affect our sense of self and culture. For more information regarding culture and cultural competence, see the Cultural Competence Continuum created by the National Center for Cultural Competence (Goode, 2004).

Because stigmas evolve and adapt to changing needs, strategies to identify, resist, reduce, and eliminate stigma at individual and systemic levels require a variety of efforts. Table 4 lists the actors, tools, effects, and remedies available for the three categories of stigma. For more information on anti-stigma strategies and brainstorming tools, you may want to read the article [“Stigma Reduction Techniques/Campaigns for Practitioners in a Rural Community Mental Health Practice”](#) (Mensing, 2010).

Table 4: Categories of Stigma: Actors, Impacts, Remedies		
Micro or Self-Stigma	Meso or Public Stigma	Macro or Structural Stigma
Actors: Individuals	Actors: Family, community, recovery or peer groups	Actors: Social groups and institutions
Tools: Self-judgment, shame, guilt, hopelessness	Tools: Fear, distrust, doubt, stereotypes, discrimination, judgment	Tools: Norms, values, beliefs, laws, policies, practices, distribution of resources
Impacts: Isolation, loss of will, barrier to treatment	Impacts: Social fracturing, splintered systems of care and support	Impacts: Loss of community, distress, illness, inequality, disparities
Remedies: Restoring inherent dignity, resilience, relationship and peer community, recovery supports	Remedies: Social relations, education, media messaging, community programs, recovery experiences	Remedies: New narratives, recovery experiences, values clarification, policy changes, language changes, redistribution of resources

Tools, Worksheets, and Websites

These tools and resources will further assist in understanding and identifying stigma in its various constructs:

- [A Toolkit for Evaluating Programs Meant to Erase the Stigma of Mental Illness](#) (Corrigan, 2008)
- Take the [Implicit Association Test](#) created by Project Implicit for a self-assessment
- [Commonly Used Substance Use Disorder Screening Instruments](#) (Massachusetts Behavioral Health Partnership, 2020)
- [Interventions to Reduce Stigma Among Health Care Providers Working with Substance Users](#) (Rapid Response Service, 2018)

These tools will assist in identifying stigmatizing language, policies, and procedures. Worksheets located in the appendixes of this document will assist in developing strategies to reduce stigma and increase the use of person-first language. These tools and resources can be used in synergistic conjunction with the four activities recommended in the [Rural Community Action Guide](#) (Office of National Drug Control Policy, n.d.). Taking these action steps to combat stigma will assist in establishing a strong foundational awareness within your organization and staff:

- Understand the portfolio of substance use disorder research to mitigate stigma and support evidence-based treatment.
- Educate the community about the science of substance use disorders by disseminating resources and educational materials.
- Create and implement a tailored marketing plan to reduce stigma. Understand the stigma concerns, the best way to reach the community, and create a campaign to address stigma.
- Disseminate positive recovery stories to support the recovery community.

The Critical Importance of Addressing Stigma

Stigmas are enacted and incidents of stigma are experienced. Think of stigmas as dramas or performances in which people play their roles and follow well-rehearsed social scripts. At the heart of the stigma drama is the transaction between individuals with unequal power, as may occur between a person with a substance use disorder and a treatment provider or police officer. The contexts in which these transactions occur reinforce and legitimize the power difference between those who stigmatize and those who are stigmatized.

These stigmatizing actions drive a wedge between “us” and “them.” Once we separate ourselves from the people we stigmatize, we make sure they lose their social position, which means that they lose status or standing and legitimacy in the community. Repeated acts of discrimination deepen and reinforce this separation and denigration. As such, the stigmatized person loses support and protection of the larger mainstream group. As the group abandons stigmatized individuals, the group effectively silences the stigmatized in the process, eliminating opportunities to advocate for themselves. There is wisdom in struggle and in recovery. By silencing others, it robs us and our communities of the contributions those stigmatized individuals may make to all our lives. For these reasons and many others, the need to eradicate stigma has never been greater. We hope this primer assists in understanding, identifying, and deconstructing stigma and stigmatizing messages wherever they are encountered.

Appendix A: An Inventory of Anti-stigma Strategies

Levels	Stigma	Strategies	Key Audiences
Structural (Macro)	<p>Policies, laws, and institutional practices that discriminate and foster prejudice against people with substance use and mental disorders. Includes:</p> <ul style="list-style-type: none"> • Reduced resources • Exclusion from decision-making bodies • Diminishing rights to privacy and self-determination • Involuntary 	<ul style="list-style-type: none"> • Advocacy • Education • Reform: change laws/new laws • Change policies/new policies • Co-opt: take over through elections or other means; form strategic partnerships • Dismantle: defund, redirect resources, reorganize 	<ul style="list-style-type: none"> • Legislators • Lawmakers • Corporate executives • Mass media executives • Employers • Healthcare providers • Criminal justice directors • Religious leaders • Education officials
Public (Meso)	<p>Commonly held and generally accepted or normalized attitudes, beliefs, and behaviors that exclude and diminish people with substance use and mental disorders and their families, friends, and communities. Includes:</p> <ul style="list-style-type: none"> • Stereotyping • Social isolation • Moral judgment • Support for coercive responses 	<ul style="list-style-type: none"> • Messaging • Education • Influencer “coming out” and endorsement campaigns • Community programs • Relationship building through personal encounters 	<ul style="list-style-type: none"> • Publics/social groups • Local and regional communities • Family members • Treatment provider groups • Recovery groups

Levels	Stigma	Strategies	Key Audiences
<p>Self (Micro)</p>	<p>The internalizing of negative beliefs, attitudes, judgment, and stereotypes about one's own substance use and mental disorders and those of relatives and others substance use and mental disorders. Includes:</p> <ul style="list-style-type: none"> • Shame • Hopelessness • Self-hatred • Reduced interest in recovery supports and treatment 	<ul style="list-style-type: none"> • Peer support • Relationship building • Inclusion in collective activities • Participation in transformative advocacy 	<ul style="list-style-type: none"> • Individuals with substance use and mental disorders • Relatives, friends, and community members of individuals with substance use and mental disorders
<p>Citizenship</p>	<p>The political, philosophical, and theological definitions of personhood and social position that defines and calibrate a person or group's inherent dignities or worth and rights. Includes:</p> <ul style="list-style-type: none"> • Moral and ethical condemnation • Loss of agency and rights • Objectification • Discarding people • Declaring people to be non-redeemable 	<ul style="list-style-type: none"> • New/revise doctrines, philosophies, and constitutions (e.g., intentional anti-racist values, principles, policies, and practices, including redistribution of resources) • Institutions and practices of radical inclusion and participation • Integrated communities and programs 	<ul style="list-style-type: none"> • State authorities • Institutional and organizational authorities • Publics • Communities • Individuals with substance use and mental disorders • Individuals intimately connected to people with substance use and mental disorders

Appendix B: Grid of Anti-stigma Actions

Worksheet: Grid of Anti-stigma Actions

Levels	Form of Stigma	Anti-stigma Strategy	Audience
Citizenship			
Structural			
Public			
Self			

Appendix C: Brainstorming Strategies to Respond to Stigmatizing Behaviors

Worksheet: Brainstorming Strategies to Respond to Stigmatizing Behaviors

<p>Potential stigma problems to be addressed:</p> <p>Which elements of the problems will you focus on immediately?</p> <p>What specific group is being hurt by these problems?</p> <p>What specific group is perpetuating these problems?</p> <p>Why do you want to take on this initiative?</p> <p>What approaches and strategies might be appropriate?</p>	<p>What individuals or groups might be potential partners in this initiative?"</p> <p>What goals do you share with these potential partners?</p> <p>Are there any potential differences between you regarding goals, approaches, or resources?</p> <p>What barriers or challenges might you face with this initiative?</p>
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Appendix D: A Selection of State Government and Nongovernmental Anti-stigma Campaigns

State Government Anti-stigma Campaigns

Alabama: *Stop Judging Start Healing*

- Focus: Opioid, substance use and mental disorders, HIV, and hepatitis
- Highlight: Video concerning opioid use disorder <https://stopjudging.org>

Alaska: *What Is Stigma?*

- Focus: Information on substance use and mental disorders
- Highlight: Recommendations for contacting the Alaska Mental Health Trust Authority
- <https://alaskamentalhealthtrust.org/what-is-stigma>

Arizona: *Fight Stigma*

- Focus: Mental health
- Highlight: Guidance on person-first language
- <https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA/stigma.html>

Arkansas: *Stop Stigma*

- Focus: Opioid and substance use disorders
- Highlight: Pledge to help stop stigma
- <https://www.artakeback.org/stop-stigma>

California: *California Strategic Plan on Reducing Stigma and Discrimination (2012-14)* Focus: *Mental conditions*

- Highlight: Evaluation by Rand Corporation
- <https://www.rand.org/news/press/2016/04/14/index1.html>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698820/>

Colorado: *Lift the Label*

- Focus: Opioid and substance use disorders
- Highlight: First-person accounts by people with opioid use disorder or other substance use disorder
- <https://liftthelabel.org>

Connecticut: *Mental Health Awareness Week*

- Focus: Mental disorders
- Highlight: Link to national campaign from the National Alliance on Mental Illness
- <https://portal.ct.gov/DMHAS/Upcoming-Events/Events/October---Mental-Illness-Awareness-Week>

Delaware: Three-Year Behavioral Health Action Plan

- Focus: Opioid, substance use, and mental disorders, HIV, hepatitis
- Highlight: Advertising blitz and tables at malls to push anti-stigma messaging
- <https://whyy.org/articles/delaware-launches-ad-blitz-to-combat-addiction-stigma>

Georgia: Stamp Out Stigma

- Focus: Substance use and mental disorders
- Highlights: Download “Talk About It” posters
- <https://www.georgiacollaborative.com/who-we-are/stamp-out-stigma>

Idaho: Empower Idaho

- Focus: Mental disorders
- Highlight: Resources to launch campaign include graphic handout
- <https://www.empoweridaho.org/advocacy/awareness-campaigns>

Indiana: Know the Facts

- Focus: Substance use disorder
- Highlight: Person-first language guide and pledge
- <https://www.in.gov/recovery/know-the-facts/stigma.html>

Iowa: Make It Okay in Iowa

- Focus: Mental disorders
- Highlight: Anti-stigma Ambassador training; site for organizations to register support for state campaign
- <http://www.iowahealthieststate.com/resources/individuals/makeitok>
- <http://www.iowahealthieststate.com/resources/individuals/makeitok/organization>

Kansas: Mental Health Stigma Report (2009)

- Focus: Mental disorders
- Highlight: Report on state mental health data, including stigma prevalence
- https://www.kdheks.gov/brfss/PDF/2009_Mental_Illness_Stigma_Report.pdf

Kentucky: End the Stigma (Department of Corrections)

- Focus: Substance use disorder
- Highlight: “Faces of Substance Abuse Programming” book of visual art; poetry by program participants
- <https://corrections.ky.gov/Divisions/ask/Pages/brochures.aspx>

Maryland: Anti-Stigma Resources

- Focus: Opioid use disorder
- Highlight: Public service announcement video about treatment and medication for addiction
- <https://bha.health.maryland.gov/Pages/Anti-Stigma-Resources.aspx>

Massachusetts: State Without StigMA

- Focus: Substance Use Disorder
- Highlight: Videos of personal stories
- <https://www.mass.gov/state-without-stigma>

Michigan: End The Stigma

- Focus: Opioid and Substance Use Disorders
- Highlight: Campaign Resources (social media posts, images, videos)
- https://www.michigan.gov/opioids/0,9238,7-377-88140_96572-512727--,00.html

Mississippi: Think Again

- Focus: Mental disorders
- Highlight: Offers educational materials and presentation by Mississippi Department of Mental Health staff member
- <http://www.dmh.ms.gov/think-again/>

Missouri: Respect Institute

- Focus: Mental disorders
- Highlight: Speakers with lived experience share their stories
- <https://dmh.mo.gov/constituent-services/respect-institute>

Ohio: Stigma Reduction

- Focus: Opioid, substance use, and mental disorders
- Highlight: Journalism/media guidelines when writing about opioids
- <https://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Stigma-Reduction>
- <https://mha.ohio.gov/Researchers-and-Media/Reporting-on-Opioids>

Tennessee: Erase the Stigma

- Focus: Mental disorders
- Highlight: Public education campaigns
- <https://www.tn.gov/behavioral-health/children-youth-young-adults-families/erase-the-stigma.html>

West Virginia: Stigma Free WV

- Focus: Opioid and other substance use disorders
- Highlight: Archive of social media posts <https://stigmafreewv.org>

Nongovernmental and Nonprofit Anti-stigma Campaigns

Connecticut: Stop the Stigma CT

- Focus: Mental disorders
- Highlight: Pledge to stop stigma
- <https://hartfordhealthcare.org/services/behavioral-mental-health/stop-the-stigma-ct>

Florida: #StigmaFreeYLD Campaign

- Focus: Mental disorders
- Highlight: Focused on attorneys with mental health challenges
- <https://flayld.org/stigmafreeyld-campaign>

Florida: Stigma Free

- Focus: Mental disorders
- Highlight: Human resources professionals in Florida partner with NAMI Florida
- <https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Me>
- <https://hrfloridareview.org/magazine/magazine-archives/item/621-stigma-free%20florida-hr-florida-partners-with-nami-florida-on-stigma-free-campaign>

Hawaii: Anti-Stigma Video Project

- Focus: Mental disorders
- Highlight: Open call for anti-stigma videos made by students
- (An initiative of the Counseling Services Program at the University of Hawaii)
- <https://hilo.hawaii.edu/studentaffairs/counseling/FightStigma.php>

Kansas: It's Okay

- Focus: Mental disorders
- Highlight: Jewish Community Mental Health Coalition initiative that inspired the formation of the Greater Kansas City Mental Health Coalition; access to education and expertise
- <https://itsok.us>

Maine: Deconstructing Stigma

- Focus: Mental disorders
- Highlight: Collaboration with Maine Department of Corrections to address mental health stigma among the offender population and correctional
- Staff
- <https://deconstructingstigma.org/medoc>

Maryland: The Anti-Stigma Project

- Focus: Substance use and mental disorders
- Highlight: Formed in 1993 by the Maryland Mental Hygiene Administration in collaboration with On Our Own of Maryland; includes public information campaigns and trainings
- <http://onourownmd.org/projects/the-anti-stigma-project/v>

Massachusetts: CEOs Against Stigma

- Focus: Mental disorders
- Highlight: Works to address stigma in the workplace
- <https://www.mass.gov/state-without-stigma>

Minnesota: Make It Okay

- Focus: Mental disorders
- Highlight: Training in schools, healthcare, and other institutional settings
- <https://makeitok.org/wp-content/uploads/2016/11/Goodhue-county-case-study.pdf>

Minnesota: Bring Change to Mind

- Focus: Mental disorders
- Highlight: Public service videos and “Start the Conversation” cards
- <https://bringchange2mind.org/>
- <https://bringchange2mind.org/cards>

Mississippi: Stand Up Mississippi

- Focus: Opioid and other substance use disorders
- Highlight: Narcan training, drop box locations for unused meds, and stories page
- <https://standupms.org/>

Missouri: NoMoDeaths

- Focus: Substance use disorder
- Highlight: List of organizations and efforts guided by harm reduction principles
- <https://www.nomodeaths.org>

Appendix E: Codification of the Drivers of Stigma

Worksheet 2: Codification of the Drivers of Stigma

Use this worksheet to organize the information you have gathered regarding the stigma you and others face in your life and work environments. Make a note when an item on the worksheet resonates with what you have heard, seen, and experienced

A. Components of Stigma:

(Note the source of the stigma, what the relationship is between stigmatizer and stigmatized, and the characteristics and stereotypes at the heart of the stigma.)

NOTES

- Focused on an individual or collective characteristic
- Attach a stereotype about a person and group to the characteristic
- Difference in status and power between stigmatizer and stigmatized

B. Purposes for Stigmatizing:

(The following are some of the many reasons people deploy stigmas against others. Make a note of the reasons that you have heard stated or that you have identified.)

NOTES

- To exploit
- To dominate
- To produce and maintain inequalities
- To avoid disease
- To enforce or encourage adherence to social norms

C. Forms and Actions of Stigma:

(Here are some ways in which stigmas are presented or performed. Note the kinds of stigmas that you have seen, heard or heard about, and how they are communicated.)

NOTES

OVERT/EXPLICIT/AGGRESSIVE

- Aversion to interaction (pushing away or leaving)
- Avoidance (changing routines and locations)
- Social rejection (encouraging others to push away or leave)
- Discount (fostering doubt and distrust)
- Discrediting (sharing someone's failures or faults with others)
- Dehumanization (denigrating, questioning a person's basic worth)
- Depersonalization (lumping into a discredited group, denying individuality)
- Stereotypic caricatures (reducing a life to a few fragments)

INDIRECT/SUBTLE/MICROAGGRESSION

- Nonverbal cues (lack of eye contact and other signs of discomfort)
- Tense/uncomfortable interactions (tone of voice, posture)

Worksheet 2: Codification of the Drivers of Stigma

Use this worksheet to organize the information you have gathered regarding the stigma you and others face in your life and work environments. Make a note when an item on the worksheet resonates with what you have heard, seen, and experienced

D. Experience of Stigmatizing:

(Psychologists describe a combination of implicit reactions—spontaneous or immediate feelings we have about someone or something done to or said about us—and explicit reactions—the norms, beliefs, and thoughts we have about someone.

NOTES

IMPLICIT REACTIONS

- Fear
- Discomfort
- Dislike
- Contempt
- Pity

EXPLICIT REACTIONS

- Judgments
- Assumptions
- Suspicions

NOTE: People who witness actions of stigma often manifest an immediate and automatic aversion to stigmatized individuals. These feelings are followed by controlled and thoughtful reactions that can either temper immediate negative reactions or intensify and confirm them.

Self-stigma and Stigma by Association/Courtesy Stigma

Self-stigma and Stigma by Association/Courtesy Stigma

- The social and psychological impact of possessing a stigma or being associated with someone who is stigmatized.
- It usually results from awareness of public stigma.

i. Mechanisms:

(Stigmas are transacted, meaning that they must be expressed and received by the person who is stigmatized and/or a witness. Note how specific incidents of Self- or Courtesy Stigma are expressed and received.)

NOTES

ENACTED

- The negative treatment of a person possessing a stigmatized condition

FELT

- The experience or anticipation of stigmatization

INTERNALIZED

- A reduction of self-worth and accompanying psychological distress

ii. Coping Strategies:

(We feel the blow of stigmas and think about what we experienced. Note how people describe their reactions to what is said about them and done to them.)

NOTES

PROBLEM-FOCUSED COPING

Altering the relationship by:

- Disclosing one's disorder before others do
- Compensating by being particularly outgoing
- Avoiding situations where stigma is likely to occur
- Affiliating oneself with others stigmatized individuals
- Seeking social support
- Participating in advocacy and activism in support of stigmatized groups
- Hiding one's association with other stigmatized individuals
- Encouraging family members to hide their association with stigmatized people
- Seeking to "repair" or "fix" stigmatized people (most likely when the stigmatized person already holds some status as a recognized member of the in-group, such as being a family member)

EMOTION-FOCUSED COPING

- Regulate negative emotions
- Downward social comparison ("At least I am better than those people ...")
- Externalize the attribution ("Stigmatizers are ignorant haters ...")
- Denial ("Nothing happened" or "They didn't mean it like that ...")
- Prejudice minimization/distraction (carry on as though everything is fine)
- Positive reappraisal of experiences of stigmatization ("Makes me stronger...")
- Disidentifying with one's stigmatized identity ("I am not a ...")

Public Stigma

Social and psychological reactions to someone perceived to have a stigmatized condition

i. Mechanisms:

(Stigmas are transacted, meaning that they must be expressed and received by the person who is stigmatized and/or a witness. Note how specific incidents of Public Stigma are expressed and received.)

NOTES

ONSET CONTROLLABILITY/CAUSAL ATTRIBUTION BELIEF

- High levels of attributed personal responsibility for the deviant condition evoke anger and stigmatizing behavior (a smoker who gets lung cancer).
- Low levels of personal responsibility evoke feelings of sympathy and greater tendencies to provide help (a child with leukemia).
- **PERCEIVED SEVERITY OF DISORDER** evokes anxiety and sympathy in perceivers. (This ambivalence produces confusing interactions.)
- **PERCEIVED DANGEROUSNESS** elicits fear and avoidance in perceivers. (People with mental disorders are commonly perceived as unpredictable and dangerous.)
- **NORM VIOLATION** elicits fear, anger, acts of social exclusion, and a loss of sympathy. (HIV/AIDS is traditionally associated with promiscuity, prostitution, homosexuality, and injecting drug users, all of which are considered deviant.)

ii. Coping Strategies:

(Stigmas Organize the forms and structures of relationships, and the scripts being used. Living with or changing these stigmas requires information and collaboration.)

NOTES

- Public education
- Revisions to norms
- Multiple contacts with stigmatized people

Structural Stigma

Legitimation and perpetuation of a stigmatized status by institutions and ideological systems

i. Mechanisms:

(Institutions can make stigmas habitual. These forms of social architecture make social transformation possible by shifting resources and circulating new meanings and practices. Note the policies and other structures that reinforce or contradict stigmas.)

NOTES

STRUCTURAL RISK FACTORS

- Poverty
- Lack of social capital (ability to exert social and cultural influence)
- Norms of individual accountability (individuals bear all responsibility)
- Social inequalities (stigma reproduced prejudice)
- Power of a dominant group (exert social, economic, and political power)

Structural Stigma

Legitimation and perpetuation of a stigmatized status by institutions and ideological systems

ii. Coping Strategies:

(Stigmas create social contours—prejudice and discrimination drive inequality. Changing structural stigma takes new policies and structures. Note the possibilities for leveraging structural change.)

- Shift social contexts (replace policing with treatment, compose new stories)
- Alter local knowledge systems (faith leaders, educators, community action)
- Affirm identity (publicly acknowledge/show respect for marginal group)

NOTES

Appendix F: Worksheet of Stigmatizing Statements Regarding People With Mental and Substance Use Disorders

The words we use matter. When discussing or describing individuals with substance use or mental disorders, avoid language that slurs, insults, or uses negative terms that imply a restriction of some kind. Also avoid using pictorial metaphors or disparaging language of any type. Remember that individuals who identify with any of these terms may use the stigmatizing terms with one another, but it is never appropriate for an “outsider” to use these terms.

This table offers examples of stigmatizing and appropriate language choices related to substance use disorder (Schumaker, 2017) and mental disorders (Floyd, n.d.).

Choose Your Words Carefully	
Substance Use Disorder	
Stigmatizing Language	Current/Appropriate Language
Addict	Person with a substance use disorder
Addicted infant	Infant with neonatal abstinence disorder (NAS)
Addicted to (alcohol/drugs)	Has a (drug/alcohol/opioid) use disorder
Alcoholic	Person with an alcohol use disorder
Clean	Abstinent
Clean screen	Substance-free
Crack babies	Substance-exposed or substance-affected infant
Lapse/relapse/slip	Resumed use/experienced a recurrence of use
Medication-assisted treatment (MAT)	Medications for addiction treatment (MAT)
Opioid replacement/replacement therapy	Medications for addiction treatment (MAT)
Pregnant opioid addict	Pregnant woman with opioid use disorder
Reformed addict or alcoholic	Person in recovery
Substance abuse	Substance use disorder
Substance abuser	Person with a substance use disorder
Substance misuse	Substance use/nonmedical use
Victims/tiny victims	Prenatally exposed to (drug name)

Choose Your Words Carefully

Mental Disorders

Stigmatizing Language

Current/Appropriate Language

Patient	Person receiving support/treatment for mental or substance use disorder, or both
Disabled/handicapped	Person with a disability
Normal person	Person without disabilities
They are bipolar	Person with diagnosis of bipolar disorder
They are mentally ill, emotionally disturbed, psycho, lunatic, insane	They have a mental illness or They are a person with the lived experience of a mental illness
They are brain damaged	They have a brain injury
They are psychotic	They experience symptoms of psychosis or They hear voices
Mental retard, retard, slow, mental case, rides the short bus	They have an intellectual disability
Mental health patient/case	They are receiving services for a mental disorder
Unsuccessful suicide	Attempted suicide
Committed suicide	Died by suicide
Special Ed student	Student receiving special education services
Suffering with/victim of mental illness	Experiencing or being treated for a mental illness or Having a diagnosis or history of mental illness

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