

Substance Abuse: Shifting Stigma Perspectives

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Anti-Stigma Addiction Campaign Secondary Analysis: Best Practices and Recommendations

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Introduction

Stigma has been defined by Goffman (1963) as “an attribute that is deeply discredited” that “reduces the bearer from a whole and usual person to a tainted, discounted one” (p. 3); though there are many other definitions of the word (Link & Phelan, 2001). Stigma has also been identified as “the most important barrier to overcome in the community” (Stuart, 2005), as it prevents people from accessing care as they fear being judged (White, 2009).

People who are stigmatized are often unable to perform their social roles and have a poor quality of life; often leading to further status decline and exposure to its own forms of stigma (Stuart, 2005).

Addressing this stigma in the community would have several effects on the marginalized population as well as the general population

- Attitudinal shifts in stigma would bring increases in accessibility to necessary services, and allow earlier intervention to those in need (Livingston, Milne, Fang, & Amari, 2011);
- Targeting specific groups who have contact with this stigmatized population, such as physicians, nurses, and law enforcement personnel may reduce barriers to services and treatment (Livingston et al., 2011).
- Targeting the local/general population through campaigning may reduce internalized stigma in the affected group & encourage individuals to seek quality health care, social support, and increased quality of life (Stuart, 2005).
- Increased awareness of existing services for treating substance abuse would occur by decreasing the perception of stigma in the minds of the general population. Substance use-related congestion in the emergency department may be reduced and possibly begin to break the chain that links addiction with social disadvantage and disability (Stuart, 2005).

A literature review of worldwide stigma campaigns was done to identify key strategies in communication, influential populations, and less effective or detrimental factors to be avoided. The literature review covered campaigns aimed to address stigma towards mental health as well as addictions; due to the similarities in how these populations are perceived by the public and stigmatized accordingly, we felt that the focus and outcome of these articles aligned with our own.

Recommendations

In summary, we present our findings around what best practices may be effective in a future anti stigma campaign.

- We suggest the use of both general (Evans-Lacko et al, 2010; Stancombe Research and Planning, 2012) and specific campaigns (Livingston, 2011; Ramirez-Cacho et al, 2007) (champions, motivational interviews) that target the public.
 - When choosing a guest speaker (champion) it is important to consider the characteristics of the audience you are addressing – e.g. the age, ethnicity, level of education, and social status to ensure mutual trust and respect (Evans-Lacko et al., 2010).
 - The use of specific strategies will provide in depth attitudinal shift within certain populations including professionals such as law enforcement (CIT), medical professionals (exposure and decreased social distance interventions), therapists (ACT), and the stigmatized populations.
 - Within each campaign method, we suggest a comprehensive approach to utilize a wide range of media types and locations; we recommend further research on the use of outdoor ads as they resulted in a 32% recall rate (Stancombe Research and Planning, 2012).
 - In addition, synergistic media use as a form of enhanced exposure to the campaign message within the public has increased awareness of the campaign message (Stancombe Research and Planning, 2012). Though the internet has been used in many successful campaigns (Szeto & Dobson, 2010), it shows limitation in accessibility as not all members of the public have access to these services due to socioeconomic gap.
 - Moreover, we would encourage the use of appropriate language within the media, and with co-workers and peers, to ensure a level of respect towards the issue. Proper use of language will create a positive, accurate, and realistic reference to addiction and recovery.
 - The medical model has strengths in presenting addiction as a disease rather than a choice; therein allowing the public to recognize faults as well as aid in giving the user the responsibility to find treatment without judgement. Conversely, the medical model shows weakness in its inability to sway the unsympathetic population that believes addiction is a disease but views recovery as an unattainable outcome (White, 2009). Lastly, we find it imperative to include consistent and thorough evaluation throughout the campaign to monitor changes within the public and strategy efficacy. Evaluation strategies include self-evaluation surveys, work place evaluation surveys, and randomized control trials to assess campaign results (Lavack, 2007; Szeto & Dobson, 2010).
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Our research has provided a general outline to create a strong effective campaign that will address the need for attitudinal changes towards those with substance use problems within society.

In-depth Analysis of Research

The research revealed recommendations based on previous anti-stigma campaigns that we have organized into categories that will facilitate easier reading, though it should be noted that the focus and nature of these strategies sustain connections between points, with all elements having equal importance.

Personal Contact and Use of Champions

Increasing contact between the general population and those who are subject to stigmatisation has been noted as an effective stigma reduction strategy (White, 2009). Contact has been most effective when done between people who consider themselves equal and who will find the experience beneficial; this should result in a decrease in the use of discriminatory words such as “them” and “us” (White, 2009). It has also been shown that contact with someone who has personal experience with problematic substance use such as an individual in recovery or a care giver, has a greater impact than other educational experiences (Dalky, 2012); enabling people to personalise an issue and see beyond their initial stigma (Lavack, 2007). Humanising people who have challenges with substance use and informing people about factors leading to substance use has helped increase the effectiveness of campaigns (Lavack, 2007).

Personalising substance use can be done using champions. Champions may be a key community member, an advocate for those trying to overcome substance use, or someone who has been affected by problematic substance use (Evans-Lacko, London, Little, Henderson, & Thornicroft, 2010). Social contact has been seen to have a significant effect on decreasing stigma. Therefore, using champions as a means of communication between the campaigner’s and the community or increasing contact with stigmatized groups is highly recommended (Evans-Lacko et al., 2010).

Duration of Campaign

The length of a campaign has been identified as a crucial factor to consider with long term campaigns typically showing better results than short-term campaigns (Evans-Lacko et al, 2010). Research has shown that it is easier to influence short-term acquisition of knowledge rather than long term behavioural or attitudinal changes; however, to achieve widespread change, longer campaigns are essential (Evans-Lacko et al, 2010).

A study done by McVey et al, (2000) on the effect of anti-smoking campaigns in the UK, shows that long term campaigns are necessary due to the minimal effect of the first phase of their campaign. For advertising to have the required effect, it must be done over several phases and longer periods of time (McVey & Stapleton, 2000). Unfortunately, a specific timeframe was not identified. However, what was identified is the need for realistic and targeted outcomes at set intervals of time, meaning that the creation of short, medium and long term goals is essential (Evans-Lacko et al, 2010). Short-term campaigns resulted in low to medium increases in levels of awareness within the population, with declines in attitudinal change following shortly after the campaign ended (Evans-Lacko et al, 2010). Improved behaviour outcomes have been associated with longer and more intense campaigns rather

than shorter or single interventions. Not all studies support this theory and some have found that this does not hold true in all cases (Evans-Lacko, 2010).

A booster program is recommended to help people retain the acquired knowledge (Szeto & Dobson, 2010). A booster program is an intervention that takes place after the first educational experience; it allows the participants to sustain their knowledge through similar activities that stem from the original intervention. Within approximately 6 months post intervention, a decline in knowledge is noticed. This indicates that people are less likely to remember the cause if they have not been reminded or re-exposed to the campaign. The effectiveness of such programs is limited by the conflicting social message and negative image attributed with addictions. To overcome these limitations, systematic change in beliefs and attitudes at all social levels needs to be met by everybody (Szeto & Dobson, 2010)

Multi-faceted Campaign

Multi-faceted campaigning effectively reaches various groups of people, by encompassing strategies that attempt to reach population's at all socioeconomic levels. To campaign in this fashion, communication through general and/or specific campaigning strategies is required. Within each campaign, methods of communication will be unique to the range and target population using various methods from social media to traditional media, including radio, TV and the internet.

Communicating the campaign message through various media sources can help to improve the range of your audience. Stancombe Research and Planning (2012) conducted a five phase National Drug Campaign in collaboration with the Australian government. Their goal of reducing the uptake of ecstasy by raising awareness of 1500 youth ages 15-21 and 1000 parents of youth aged 13-17 was achieved through various advertisements. Results from this study indicated that ad location is a contributing factor to increasing individual recall of campaign messages. By ranking each medium- outdoor advertising (32%), magazines (22%), online (16%), radio (15%), newspapers (12%), school (7%) and cinema (7%) (p. 22) it can be seen that youth and parents recalled at least one mainstream media campaign element (p. 24) (Stancombe Research and Planning, 2012).

It is interesting to note differences in recognition within the sample population. In terms of gender, females (45% v. 33%) more often recognized print ads, males (26% v. 21%) more often to recognize cinema ads. 18-21(48%) year olds were more likely than 15-17 (40%) year olds to recognize radio ads and print ads (45% v. 31%). Finally, factoring in substance use experience showed drug users were more likely than non-drug users to recognize both print (52% v. 37%) and radio (49% v. 44%) (Stancombe Research and Planning, 2012). The need for further research on this topic is necessary. Nonetheless, the significance of the findings within Stancombe Research and Planning's report (2012) is that it outlines the effective campaign mediums used to implement behavioural change within specific populations.

Internet has been suggested to be a superior tool in reaching people, since it acts as a status equaliser and removes any status cues, which have been shown to prevent people from responding openly during face-to-face interviews (Szeto & Dobson, 2007). Social media needs to be closely monitored, as the strongest effect of campaigns might be influenced by ideation or support through interpersonal communication (Evans-Lacko et al, 2010).

Web based and computer assisted education programs were evaluated and found to be effective in educating people, inspiring long term behavioural changes (Dalky, 2012). Those who had been educated about mental illnesses through computer programs reported a significant change up to six months later, highlighting the fact that the program resulted in education as well as a positive attitudinal change (Dalky, 2012). An interactive approach is also seen to have long-term results up to six months; this is further reinforced by testing throughout the educational experience (Dalky, 2012). Web based programs are the least costly and most effective way to reach a large group of people, in relation to length and content of program.

When considering a multifaceted approach, Lavack (2007) suggests using the four P's: Product, Price, Place and Promotion that create a consumer-oriented approach. These four P's must meet the specific needs of the target group. Normally product refers to an object or idea that the public will perceive as necessary; however, under these circumstances this model should accentuate the importance of stigma-related harm to their society (Lavack, 2007). By creating an understanding that addictions and stigma towards substance users is an important societal problem, consumers may be convinced to change their attitudinal beliefs towards addiction (Lavack, 2007). Price is the action that must be taken to receive the product and is affected by several different factors (Lavack, 2007). If the cost of change is perceived to outweigh the benefits of reducing stigma, change will not occur and stigma will grow (Lavack, 2007). Therefore, when promoting change, it is important to convince consumers that it would cost them little change their attitudes and that a reduction in stigma means a reduction in amount of taxpayers' money spent on treatment and services in the long run (Lavack, 2007). Place is where or how the product reaches the consumer, and this can be through media advertisements, health clinics, within plots of TV shows, networking sites and social media, enabling all facets of society to be reached (Lavack, 2007) as mentioned above. The final P, Promotion, focuses on creating demand for a product. Promoting a product means persuading groups to believe that society would benefit from a reduction of stigma associated with addiction (Lavack, 2007).

General and Specific Campaigns

General anti-stigma campaigns typically aim to address stigma held by the public and the effects it has on those who have experience with substance abuse. Evans- Lacko et al. (2010) provides information about how to address public attitudinal change through, 1) educational leaflets and brochures, 2) incorporating images that provide positive depictions of addiction and recovery, and 3) by motivating individuals such as landlords and employers with individual interviews. Interestingly, research on public attitude around opinion has found educational factsheets to have no impact on changing the stigmatizing attitudes of the public, specifically surrounding alcohol abuse (Evans-Lacko et al, 2010).

Specific campaigning is vital to targeting the key groups that have unique relations with individuals who are marginalized by society for their connection with substance abuse. By providing focused interventions for police, medical students, and therapists, enhanced learning and understanding will allow structural changes to occur. These changes are an integral part of shifting overall attitude of society, allowing those individuals with problematic substance use to seek help, and permitting for the public and children to learn from influential members of society.

Studies focusing on specific training or educational programs that are geared to professionals have had positive outcomes, with many professionals stating that they had decreased levels of social distance following training (Livingston, Milne, Fang, & Amari, 2011). Bahora et al. (2008) found that Crisis Intervention Training (CIT) with police officers helped decrease aggressiveness and social distance, as well as increase levels of knowledge related to schizophrenia. CIT focuses on educating officers on how to deliver appropriate care to individuals with mental illnesses or problematic substance use and has been implemented in police forces across the US (Bahora, Hanafi, Chien, & Compton, 2008). The model emphasises partnerships between the police and individuals with mental illnesses as well as advocates and health providers, so as to allow officers to “learn, develop and master effective intervention skills” (Bahora et al, 2008).

In a study looking at medical students experience in a prenatal clinic specialised in care for mothers with alcohol use, there was an increase in student’s confidence and comfort with approaching patients, as well as a decrease in social distance (Ramirez-Cacho, Strickland, Beraun, Meng, & Rayburn, 2007). This experience allowed for students to increase their abilities in talking about substance use with their patients and enabled an increase in awareness of the effectiveness of a multidisciplinary team approach to treatment of substance use (Ramirez-Cacho et al, 2007). The authors found only subtle changes in the medical students behaviour, however recommended the experience as there was no perceived negative impact (Ramirez-Cacho et al, 2007).

Substance use counsellors could also be a targeted professional group who would benefit from training or workshops focused on decreasing stigma. A study done by Hayes et al, (2004) showed that acceptance and commitment training (ACT) as well as multicultural training helped decrease prejudices and burnout in substance use counsellors. ACT focuses on increasing psychological flexibility, changing behaviour through six key processes (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Multicultural training is designed to help increase self-awareness of any biases the counsellors might hold (Hayes, et al., 2004). After

undergoing ACT, participants didn't show a significant improvement immediately post training, however a follow-up showed a decrease in levels of stigma (Hayes et al, 2004). Multicultural training had the opposite effect on counsellors opinion of substance use patients; they showed an improvement immediately post training, however not at the follow-up (Hayes et al, 2004).

Language used in Campaigns

Another important component of an anti-stigma campaign is tackling the language associated with substance use. The medical model of addiction uses language that encourages the public to view substance use as a disease rather than a choice. This will not only decrease the general populations stigma but it will also remove the barrier for those seeking help, as it will help alleviate personal shame (White, 2009). Szeto and Dobson (2010) also identified a trend in using language that frames mental disorders as a disease, helping decrease stigma by not portraying it as a choice. The language related to substance use has negative connotations and therefore policy makers are recommended to work with the media to use non-stigmatized language that will not associate substance use with violence, etc. (Dalky, 2012).

Language within a campaign is important. Landry (2012) provides a summary of five language related strategies to consider during anti-stigma campaigns. 1) Do not use titles that link the individual with their disorder such as alcoholic and/or addict as this enhances negative perception by focusing attention onto the problem and not the strengths and capacity that the stigmatized individual possesses in other areas of life. 2) Abstain from the use of language that glorifies the nature of addiction with statements like "victim of" or "suffers from", as it enhances the weight of the disorder and hides the fact that substance use is treatable. 3) Avoid generalizing or grouping the population as having undesirable qualities by addressing various psychological, sociological, and biological factors that contribute to the development of problematic substance use. 4) Do not embellish the recovery process with dramatic language as this dehumanizes the experience and changes accuracy and meaning. 5) Decline the opportunity to use substance-related terms in metaphors that address other problems.

The impact that these recommendations have on the campaign is through their ability to integrate and maintain a tone that captures and reiterates the degree to which the stigmatisation of people with substance use hurts the individual, the community, and humanity.

Evaluation of Campaign

On-going evaluation of the campaign is highly recommended and should be done through creation and assessment of short, medium and long term goals. This would be useful in tracking patterns of change as well as identifying any outcomes or rapid changes in opinion (Evans-Lacko et al, 2010). This constant evaluation would help assess whether or not short, medium and long term goals were achieved, as well as monitor indirect effects of the campaign. This is important as it enables the campaigners to evaluate the general population's opinions through social media and discourse (Evans-Lacko et al, 2010). A campaign needs to assess its effectiveness at getting the message across as well as monitor

the populations changing opinions so that it can adapt the campaign to maximise effectiveness (Lavack, 2007; Szeto & Dobson, 2010).

Self-evaluation by participants in specific programs, such as the health care workers or police officers would be a good way to assess the effects and goal completion of the campaign (Szeto & Dobson, 2010). In workplace evaluations, there are many ways of assessing the impact of campaigns and education; through self-evaluation, and randomized control trials of participants (Szeto & Dobson, 2010).

In the randomized control trials participants are divided into groups that receive the education or training and those who do not. Knowledge and beliefs are assessed, to gain a baseline of initial beliefs and attitudes to establish the changes that need to be made by the campaign (Lavack, 2007). Another method of evaluation that has been used in several campaigns, is conducting focus groups with members of the local population, and to identify key themes related to the campaign and their perceived beliefs on addiction (Goldman & Glantz, 1998). This would allow for an effective evaluation of the general population and any attitudinal change that might be taking place in the community (Goldman, Lisa K. et al, 1998).

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