

Shattering Stigma

07/21/2021

Shatterproof's Plan for Impact



**Revolutionizing
the Treatment
System**



**Breaking Down
Addiction Stigma**



**Supporting and
Empowering our
Communities**

“In addition to saving lives today, we are changing how addiction will be prevented and treated for generations to come.”

Breaking Down Addiction-Related Stigmas

Key Drivers of the Epidemic

- Marketing of prescription opioids as non-addictive and overprescribing of opioids
- Increasing access to heroin and fentanyl
- **Shame and social isolation**; for those addicted, reduces a “whole” person to someone who is “**broken,**” with little or no self-esteem; less than 20% of Americans are willing to associate closely with someone who is addicted to prescription drugs as a friend, colleague, or neighbor
- **Individuals not seeking help for their addiction** – around 20% of those addicted cite stigma as a reason for not seeking treatment
- **Insufficient treatment capacity** - less than 50% of Emergency, Family, & Internal Medicine providers believe opioid addiction is treatable; 24% of EM and FM/IM doctors report “*if my practice treats for OUD, it will attract undesirable patients*”; ~40% of US counties do not have a physician licensed to prescribe buprenorphine.
- **Health care coverage and reimbursement disparities** relative to other chronic conditions making payment for the disease cost prohibitive to many
- **Non-evidenced based treatment** - less than 20% of doctors use an evidenced based tool to screen for OUD; less than 40% of treatment programs offer even one of the three FDA approved medications and only 2% of programs offer all three
- **Criminalization of people with SUD** - instead of compassionate evidence-based treatment; less than 1% of prisons offer medications for OUD
- **Social and structural barriers to recovery** – loss of housing, employment, and social isolation; only ~60 of employer’s cover medications for OUD

Seven of the nine key drivers of the epidemic are driven by pervasive stigma

Our Nation's Response

- Improved **public health surveillance of the epidemic**
- Increased funding for **addiction research**
- Increased **efforts to reduce the importation of illicit drugs** to the U.S.
- **Improved pain management practices** and use of prescribing guidelines
- **Increased availability of non-opioid alternatives** to treat chronic pain
- Increased prescribing and **distribution of naloxone**
- **Increased investment in** broad efforts and targeted initiatives – including in **evidence-based treatment**
- Increased efforts to **eliminate “step therapies,” “prior authorization,” and other “utilization management techniques”** for MOUD
- Increased **investment in recovery and wrap-around services for those with an OUD**
- **Less federal funding than other chronic diseases and public health issues** (~\$7 billion in 2018), with no guarantee it will be sustained

Tragic gap:

Missing a national, coordinated, well-funded, and evidence-based initiative to reduce stigma

Research & Findings

Our Approach

Shatterproof embarked on a six-month project rigorously reviewing and analyzing analogous movements to inform Shatterproof's plans to significantly reduce the stigma associated with substance use disorder and, ultimately, behavioral health more broadly



Assessed

11 analogous social-change movements to understand how they shifted beliefs & behaviors

Tobacco smoking	Substance use
HIV/AIDS	Cancer
Sexual assault	Gender equality
Teenage drug use	Intellectual disability
Mental health	Same-sex marriage
Obesity	



Prioritized and reviewed

100 publications and reports related to stigma reduction

- 30** News/social media articles
- 25** Presentations/websites
- 24** Academic papers/journals
- 19** Book chapters
- 17** Public campaigns
- 7** Reports
- 2** Books



Conducted interviews

50+ experts in social change, mental health, and addiction

- 10** Academics/researchers
- 10** experts in specific behavioral change campaigns
- 8** Government offices/policymakers
- 7** behavioral change marketing/advertising experts
- 5** Nonprofit organization leaders
- 4** Healthcare experts
- 3** Criminal justice experts
- 1** Individual in recovery

Types of Stigma



Public Stigma

Society's negative attitudes toward a group of people creating an environment where individuals feel unwelcomed, judged, and/or blamed

Example: Less than 20% of Americans are willing to associate as a friend, colleague, or neighbor someone with an opioid addiction



Structural Stigma

Systems-level discrimination caused by institutional policies and/or dominant cultural norms

Example: Many SUD treatment programs in the U.S. do not offer MOUD, and only a small percentage offer patients a choice of all three









Self-Stigma

Where individuals accept societal stereotypes and experience reduced self-esteem and self-efficacy

Example: John, a young adult with SUD enters evidence-based treatment, however, he has internalized negative messaging from society making him feel unworthy of recovery and isolated from his friends and family

The opioid crisis uniquely faces stigma against medications for opioid use disorder (“MOUD”), an evidence-based treatment, across the three types of stigma described above; public, structural, and self-stigma. One common misconception about MOUD is that it involves “trading one addiction for another.”

6 Key Success Factors in Previous Movements

-  1. A well-funded, central actor or set of coordinated actors benefitted the creation of rapid change
-  2. Key actions taken in three categories: educating, altering language, and changing policies
-  3. Educational initiatives using contact-based strategies (messaging between those with a stigmatized condition and those without it) to humanize the disease and emphasize treatment is effective
-  4. Movements sequenced to first activate influential institutions and ultimately achieve mass adoption by the public
-  5. Positive and negative incentives employed to change relevant stakeholder behavior
-  6. Action was mobilized at both the “grassroots” and “grass tops”

Our Plan

Action Items

Action Items



Educate

- **Sharing Stories:** Implement campaigns sharing stories using contact-based strategies connecting those with SUD and those without SUD
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- **Just Five©:** Implement education program to educate on six specific topics related to addiction



Language

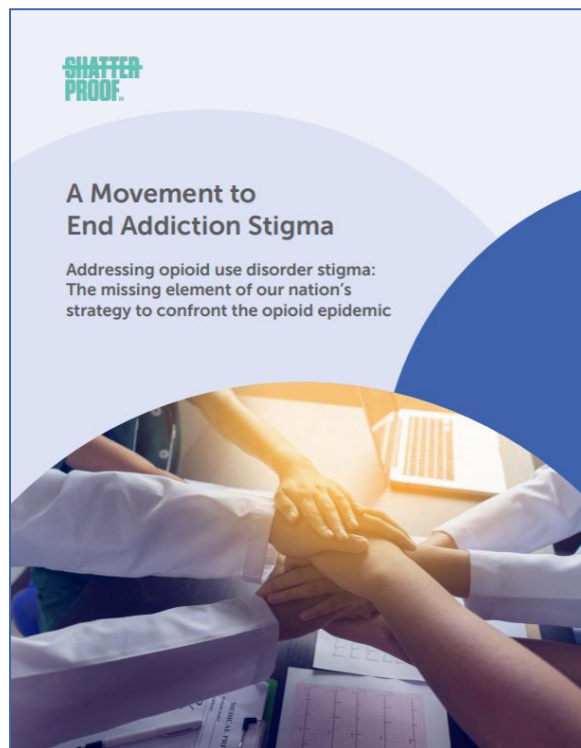
- **Language:** Initiate standards to remove stigmatizing language across all communications



Policy

- **Benefits:** Align organization health benefits to support those with SUD
-
- **Policies:** Update internal policies as well as public policy to better reincorporate people with addiction into society or the workplace

Shatterproof White Paper



A Letter from Our Founder

The addiction crisis is pervasive and will almost certainly be intensified due to COVID-19. Family gatherings have been postponed and casual outings with friends canceled. Not only has access to treatment and recovery supports become more difficult to access, but physical distancing is also intensifying the existing isolation those addicted already feel, due to the stigma unjustly associated with this illness. And, COVID-related unemployment is anticipated to lead to millions more people becoming uninsured, which will make it more difficult for people with SUDs to access treatment. Rates of substance use disorders remain extremely high despite recent large-scale interventions across our country. With an opioid-related death occurring every 11 minutes, the opioid epidemic is devastating.

For many, this crisis is something that happens to other people. For me, it is personal. My son Brian's struggle with addiction began in high school. Over eight years, Brian battled his disease courageously, attending eight different treatment programs. On October 20, 2021, I was awakened in the middle of the night and told my son had just died. Perhaps, more tragic, it was not addiction that took my son's life. On his last day alive, Brian researched suicide notes, wrote one of his own, lit a candle, and took his life. Alone.

When you lose a child, you spend countless hours revisiting what you could have done differently – the moments that may have made the difference. Shatterproof, like so many other philanthropic organizations, was born from profound loss and pain. For me, dedicating the remainder of my life to helping others avoid the tragedy my family had suffered started as a tribute to my son's life and has now grown to be a tribute to millions of Americans. Over the past seven years, I've had the opportunity to meet so many wonderful people, and together we have done so much to help so many. However, as effective as our accomplishments have been, all along, we've known that the true key to our mission, the ultimate change that must occur, lies in changing the way that people think about this disease. It lies in addressing and eliminating the stigma that causes so much shame, loneliness, and ultimately, so much tragedy.

To this end, Shatterproof has exhaustively researched case studies and data from effective social-change movements, including those related to HIV/AIDS, marriage equality, and mental health, to create a comprehensive plan to engage people and institutions across our country in transforming how our society views the disease of addiction. Our research suggests that the stigma unjustly associated with this disease can be significantly reduced. And we built a plan to do so.

I often think about my son's last visit home, four months before he died. His last night at our house, we were sitting on the back porch talking, and the conversation turned to his addiction and stigma. Brian looked at me and said, "Dad, I wish that someday... someday people would understand that I'm not a bad person. I am a good person with a bad disease. And Dad, I am trying my hardest to be a good son." It's too late to bring my son back. But it's certainly not too late to save the next son, daughter, brother, or sister who suffers from addiction and has so much love to bring to their family.

This document has been built for those who are looking to learn how to best affect change to confront the pervasive stigma in this crisis. It includes a conceptual framework for combating addiction stigma – and numerous, practical suggestions on how to impart that change. We focus specifically on the impact of stigma as it exacerbates the opioid epidemic, one of the most important components of the addiction crisis. Future publications will describe how Shatterproof's framework for combating addiction stigma can be applied to other substances.

Maybe you're someone who's coping with addiction, or maybe you have a family member who is. Maybe you're a provider looking to improve the care you deliver, or maybe you're the CEO of a large company. Maybe you're someone who simply wants to help save lives. No matter who you are, this movement is built for you.

More information on how you and the organizations you represent can participate can be found at shatterproof.org/endstigma. Please read on, and please join us on the mission of our lives.

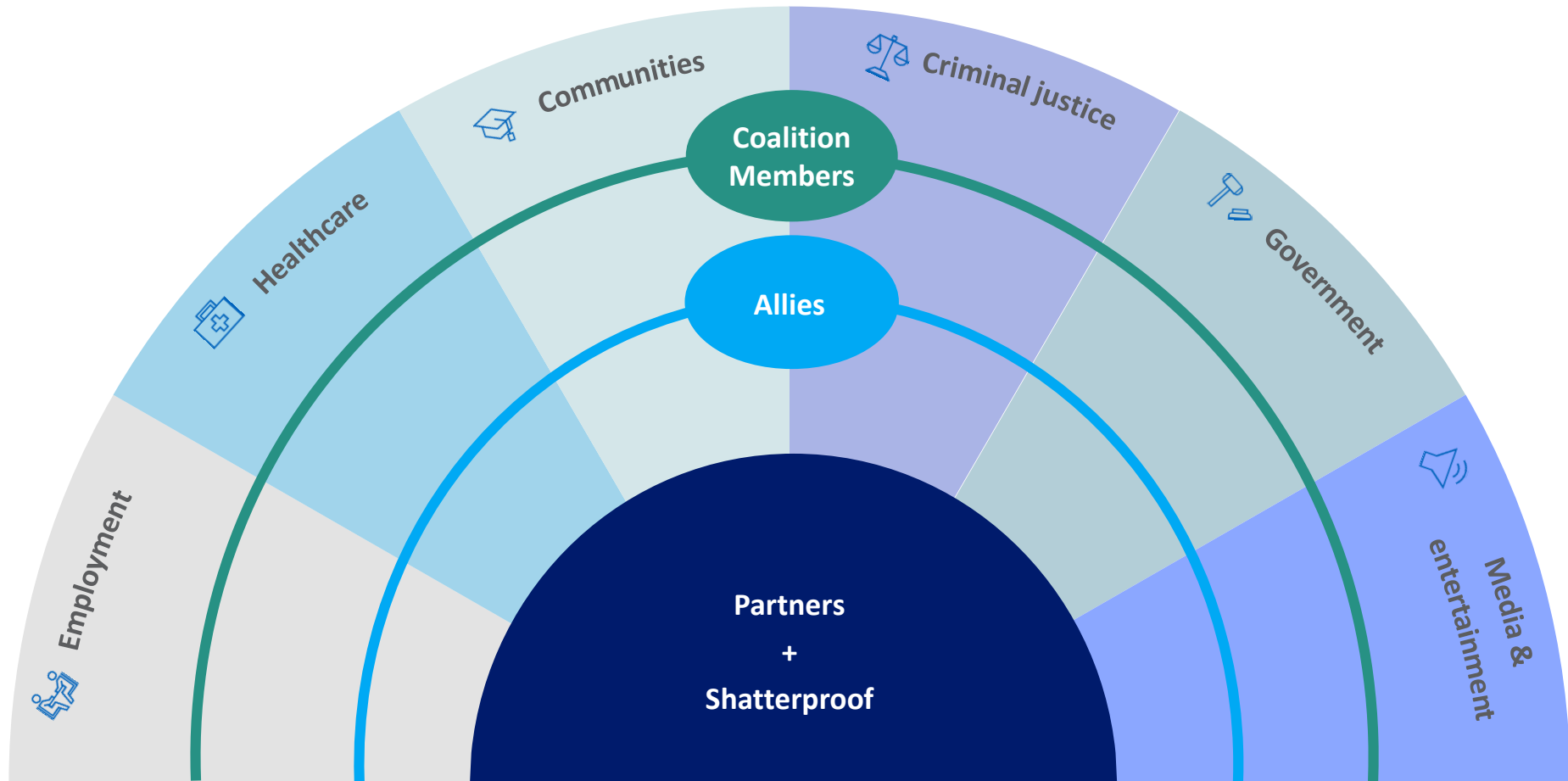
Gary Mendell
Founder and Chairman, Shatterproof

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Shatterproof's report includes the latest research about stigma, the impact it has on society, and the strategy developed by Shatterproof to address it. It is freely available on shatterproof.org, and it went through an independent, blinded, and academically rigorous expert peer review facilitated by the National Academy of Medicine.

Stakeholder Ecosystem



Leaders of the Movement to End Addiction Stigma

Founding Partners



Coalition Members



Members



The National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic facilitated a separate, blinded, and academically rigorous peer review of Shatterproof's White Paper, to provide additional academic rigor for the campaign.

State-Based Campaign Overview

State Campaign in Pennsylvania – Overview

Life Unites Us Campaign

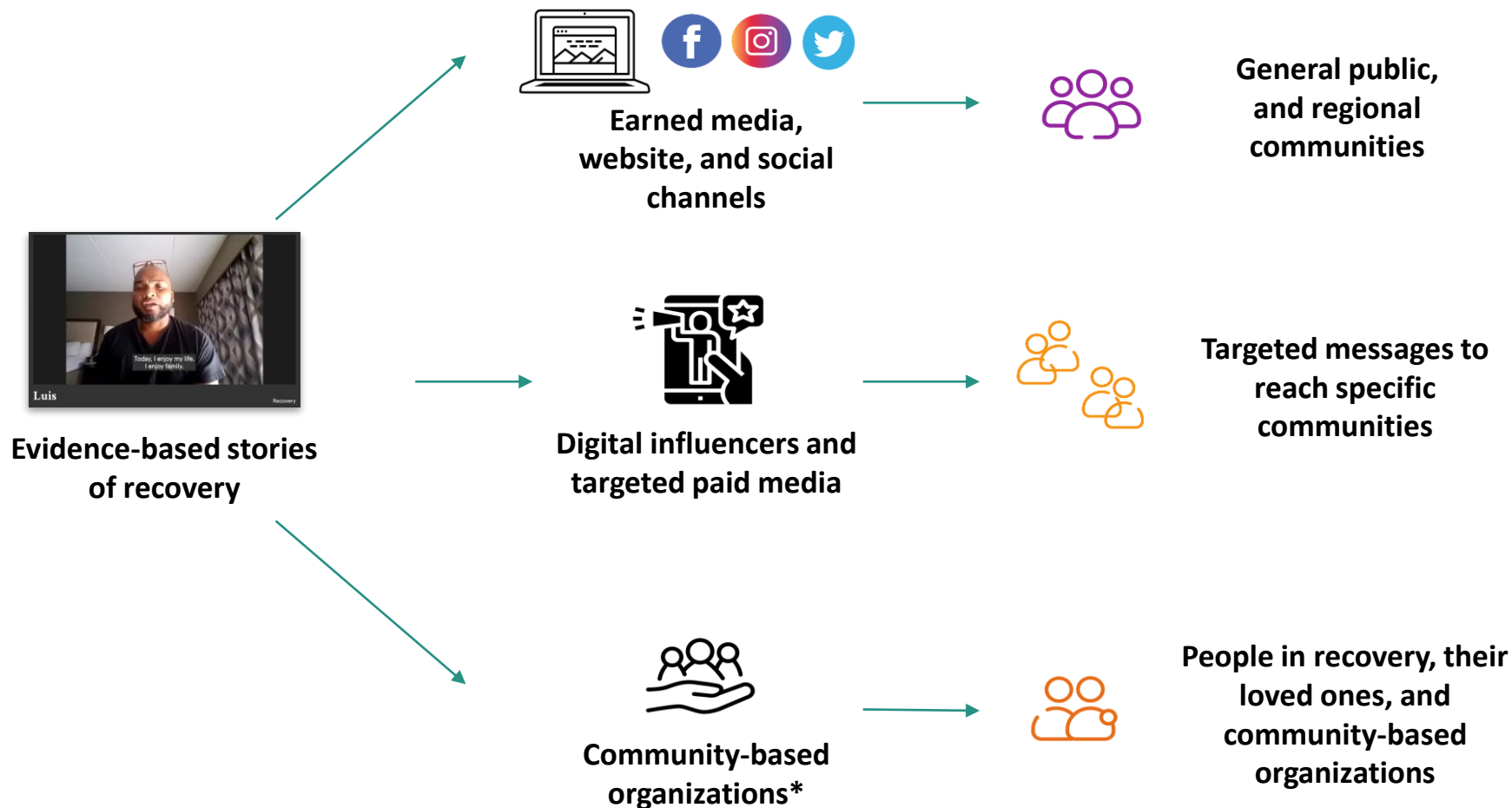
Stories To End Stigma

What unites us as family, friends, neighbors, and Pennsylvanians also has the power to end the stigma of opioid addiction.



- Multi-phase evidenced-based 12-month educational campaign in Pennsylvania
- Funded by the Department of Drug and Alcohol Programs; facilitated by Penn State Harrisburg and The Douglas W. Pollock Center for Addiction Outreach and Research
- Initial work began in June 2020 with campaign launch in September 2020
- Supplement traditional campaign with web portal and multiple data dashboards

State Campaign in Pennsylvania – Intervention



- In addition to distributing content, the campaign plays an active role providing technical assistance and capacity building to local community-based organizations to amplify the outreach and further impact.

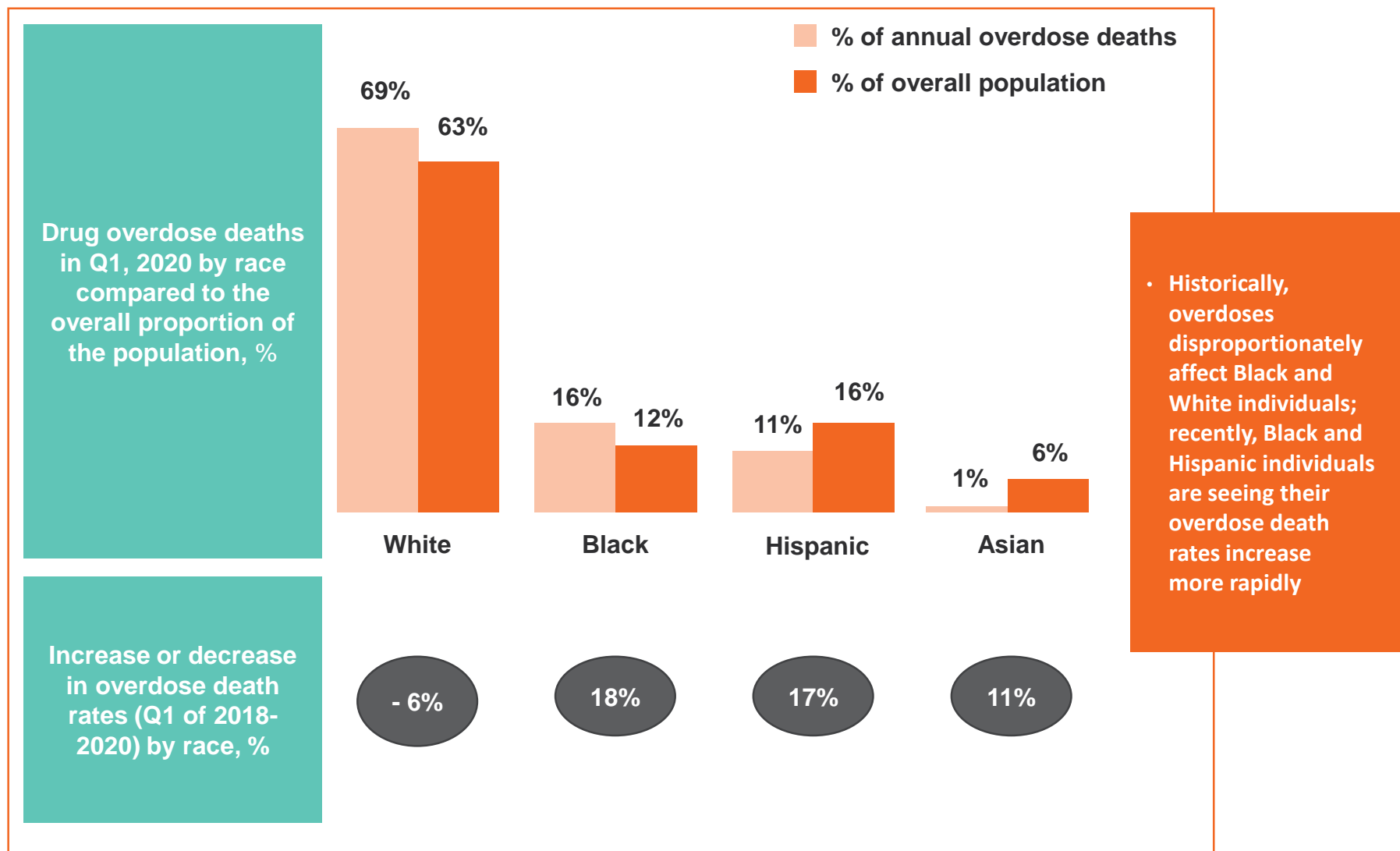
Six-Month Results

- **Campaign reach:** 23.4% of a representative sample of Pennsylvanians recalled campaign over the past six months, equating to approximately 3 million Pennsylvanians.
- **Educational value of the campaign:** 51.0% of those who viewed the campaign feel more prepared to talk with others about stigma against OUD, equating to approximately 1.6 million Pennsylvanians.

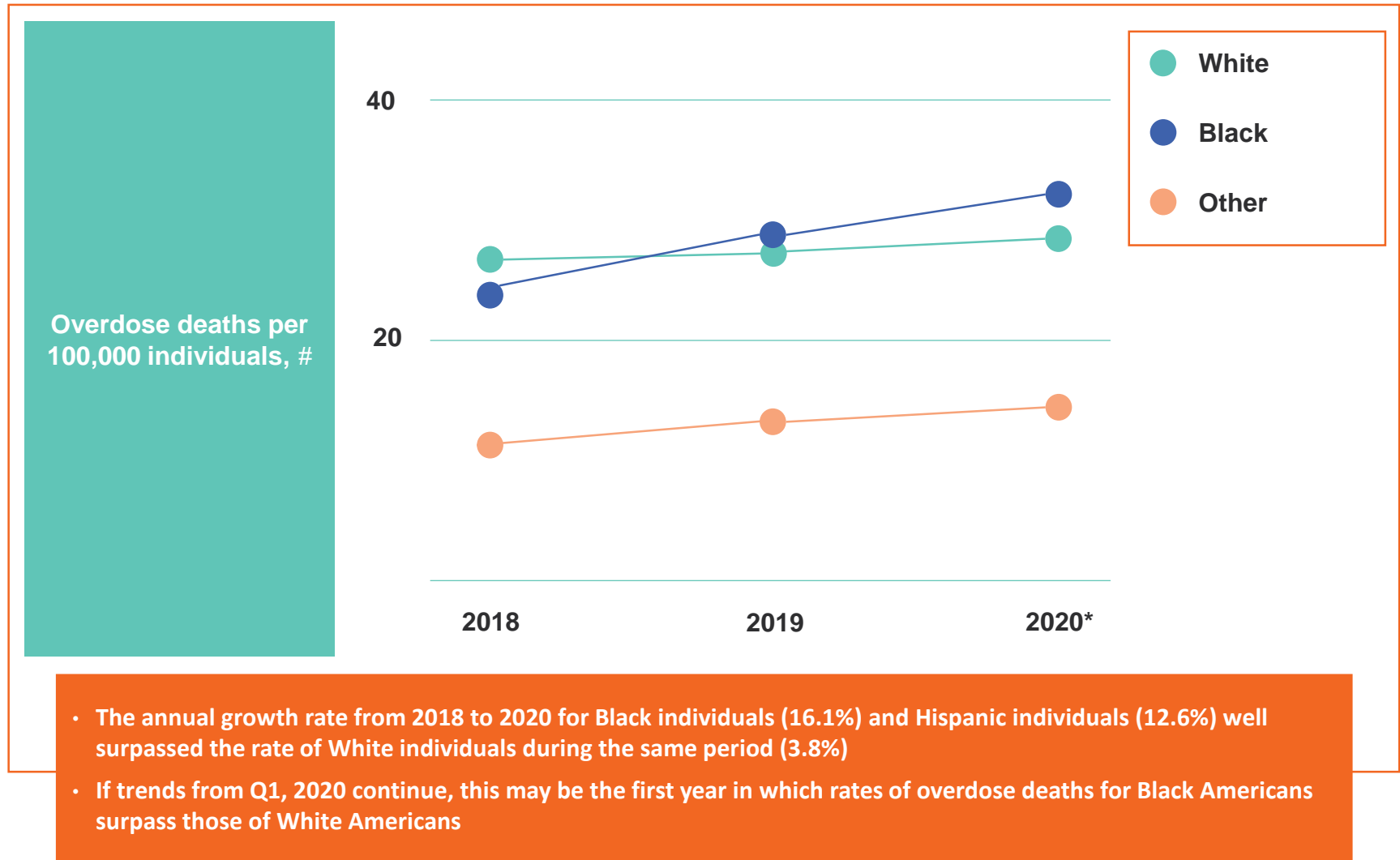
Topic Area	Statement (% of people who agreed with each statement)	Not Campaign Aware	Campaign Aware
Disease State	Opioid addiction is a medical illness like diabetes, arthritis, or heart disease	58.3%	65.7%
Medications	Buprenorphine (also called suboxone, subutex, or sublocade) is an effective treatment for opioid use disorder	22.3%	40.8%
Naloxone	I would be willing to purchase or obtain naloxone, a medication that can quickly help a person experiencing a life-threatening drug overdose	48.7%	64.5%
Social Exclusion	I would be willing to have a person with OUD as a neighbor	38.3%	49.8%

Deep Dive: Racial Equity and Stigma

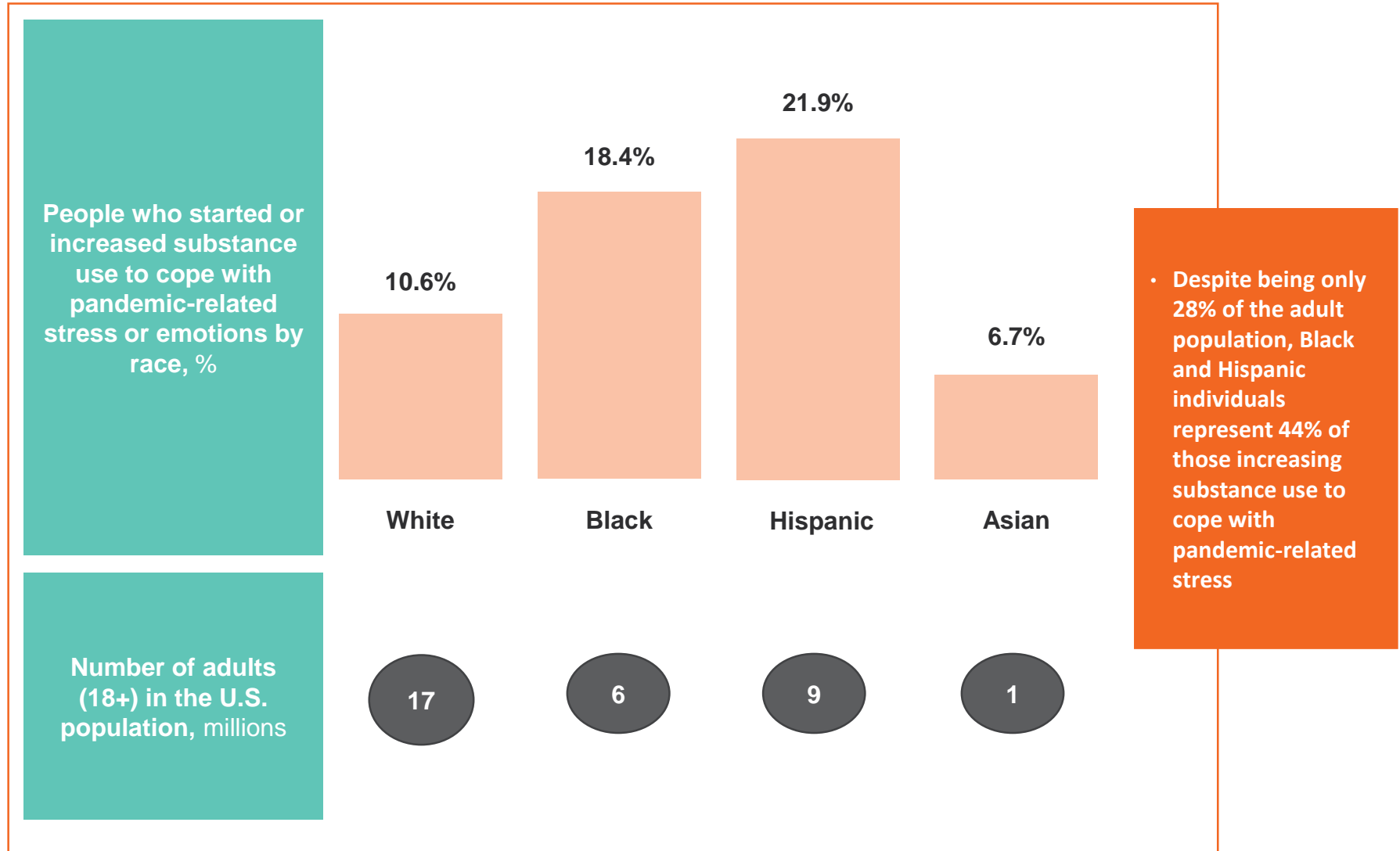
Overdose deaths disproportionately affect Black individuals in the United States



And, within the past three years, the rate of overdose deaths for Black and Hispanic individuals has surpassed White individuals

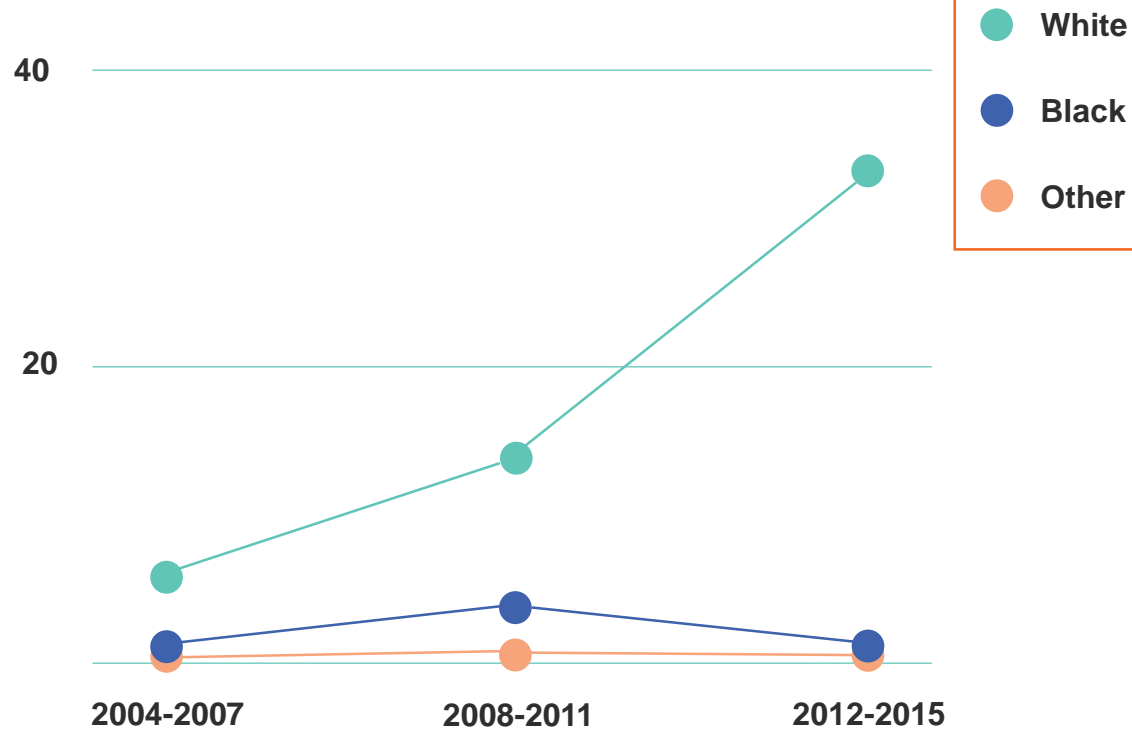


These trends are driven by increased substance use; Black and Hispanic populations are rapidly increasing their substance use



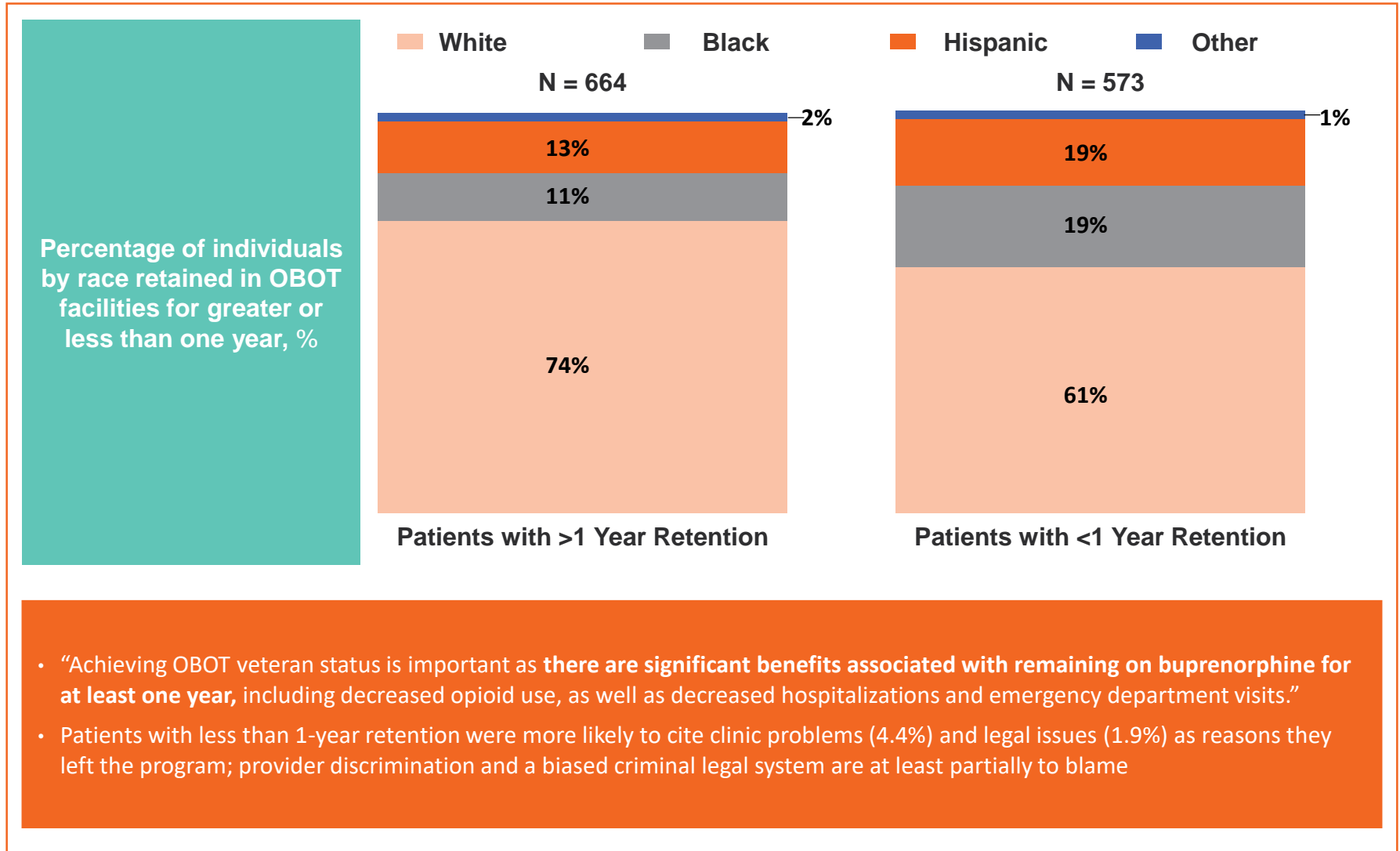
Access to treatment dramatically favors White individuals who are 35 times more likely to receive a buprenorphine prescription

Number of ambulatory visits per 10,000 that resulted in a buprenorphine prescription issued to the patient, #



- “This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay. This finding in nationally representative data builds on a previous study that reported buprenorphine treatment disparities on the basis of race/ethnicity and income in New York City.” - Pooja A. Lagisetty, MD, MSc; Ryan Ross, BS; Amy Bohnert, PhD

White people are more likely to be retained in treatment for >1 year – clinic problems and legal issues cause this disparity



Stigma makes it more difficult to receive evidence-based, quality, and compassionate care – and it's worse for Black individuals

Racialized stigma has a clear impact on public attitudes and structures supporting recovery and treatment:



Effectiveness of treatment: White respondents more often agreed that there are effective treatments for OUD than Black respondents.



Community-level stigma: Black respondents were more likely to express an unwillingness to live with someone with OUD than White respondents.



Racialized, stigmatized portrayals of addiction: Black respondents more often expressed the feeling that the media was unfair in their portrayals of individuals with OUD than respondents of other races.



Employer stigma and bias: White respondents agreed at a higher rate that employers should be allowed to deny employment to individuals taking medications for OUD, compared to Black respondents.



Lack of public support for Black individuals with OUD: Black respondents disagreed at a higher rate than other races that their local government has strong policies supporting individuals with OUD.

Cigna Behavioral Health Awareness

If you are a Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact:

Stephanie Gissal - 800.274.7603 x398516

Alex Turner - 800.274.7603 x513597

Wanda Russell – 800.274.7603 x342063