RECOVERY FRIENDLY DUNDEE

Best Practice Rapid Literature Review – Challenging and reducing stigma for those in recovery

Summary

This rapid review presents a structured overview of relevant national, international, academic and grey literature on best practice in relation to challenging and reducing stigma for those in recovery from all forms of substance use. Key points include:

- Stigma involves processes of labelling, stereotyping, social rejection, exclusion and extrusion as well as the internalisation of community attitudes in the form of shame by the person/family being discredited.
- Current and former drug users are stigmatised by the general public and non-specialist professionals alike, with discrimination leading people who use drugs to blame themselves for their situation, impacting their confidence and self-esteem, resulting in barriers to recovery.
- Women are likely to be stigmatised before they use drugs, face more stigma when using drugs, and even during recovery (label of former drug user), making it difficult to avoid stigma.
- The more experience people have had with drugs, either recreational use or drug dependence, the more sympathetic their views and opinions are.
- A lack of research in this area makes it problematic to identify the types of interventions that are likely to be effective for reducing stigma, however this rapid review of the literature does offer a number of approaches to challenge stigma, e.g. education, personal contact protest and mass media (with most evidence coming from mental health field).
- Educational campaigns have shown efficacy in reducing self-stigma. Evidence suggests that interventions that combine contact with education will be most effective. Evidence is mixed on the effectiveness of educational interventions in changing public stigma in a significant and lasting way.
- People with lived experience can help others to identify problems and suggest effective coping strategies. Peer support also acts as a counterbalance to the discrimination, rejection, and isolation people may encounter when trying to seek mental or substance use treatment and services.
- The more recovery connections and assets an individual has, the more options there are for recovery support that challenge stigma and exclusion in the community.
- Protests can help to increase public awareness and/or policy recognition of issues and concerns related to mental health; however, they fail to promote more positive attitudes that are supported by facts.
- Mass media interventions may reduce prejudice, but there is insufficient evidence to determine their effects on discrimination.
- Social media platforms and social marketing campaigns provide useful strategies to challenge stigma and appear effective in improving attitudes and behaviours towards those with mental disorders.

Introduction

This rapid review presents a structured overview of relevant national, international, academic and grey literature on best practice in relation to challenging and reducing stigma for those in recovery. It begins with an overview of stigma, specifically the stigma current and former drug users can face, before providing a summary of best practice identified from the literature. It then covers approaches to challenging stigma, before presenting further reading and a bibliography in the final section.

Stigma

A stigma is a long-lasting mark of social disgrace which effects the relations between the stigmatised and the un-stigmatised. Stigma involves processes of labelling, stereotyping, social rejection, exclusion, and extrusion as well as the internalisation of community attitudes in the form of shame by the person/family being discredited.[i] Aspects governing the extent of stigmatisation attached to an individual include the perceived danger posed by that person and the extent to which she/he is understood as being to blame for the stigma. Stigma happens when undesirable attitudes and behaviours are directed towards an individual/ group of people which could be due to age, gender, sexual orientation, health, culture, race, or religion. People who use drugs are highly stigmatised by the general public and non-specialist professionals alike[ii], with discrimination leading to internalised blame for their situation, impacting their confidence and self-esteem, which can present a barrier to recovery.[iii]

Stigma has been shown to impact access to wider support and improved health outcomes.[iv] Research also suggests that people with substance use problems are more likely to be blamed for their condition, to provoke more social rejection and negative emotions, and to be at risk for structural discrimination when compared with those with mental health conditions.[v] In terms of opiate replacement therapy, it is suggested that Methadone Maintenance has never achieved full legitimacy as a medical treatment by the public, health care professionals, and the recovery community.[vi] Recovery advocate William White suggests there is no physical or psychiatric condition more connected with social disapproval and discrimination than alcohol and/or other drug dependence. Moreover, the social stigma attached to addiction creates obstacles to personal and family recovery, contributes to the downgrading of addiction professionals and their organisations, and limits cultural resources allocated to alcohol and other drug-related problems.[vii]

Public perceptions of 'problem' drug users lead to social exclusion, which, in turn, makes access to welfare, housing and employment particularly challenging. Research suggests that drug users often encounter discrimination from employers, support professionals, landlords, health services, criminal justice and even drug treatment services workers.[viii] Scottish research suggests that stigma presents a barrier to accessing harm reduction support. For example, when accessing services, clients could often feel distressed due to the stigma of receiving methadone. The authors also found that shame and perceived discrimination was documented before and during drug treatment.[ix]

A survey on public attitudes towards people with drug dependence and people in recovery found that the majority of respondents were found to agree with sympathetic statements and understanding towards people with drug related issues. However, a minority of people agreed that one of the main causes of drug dependence is a lack of self-discipline and willpower (42% agreed) and that if they wanted to stop using, they could do so (38% agreed). Many respondents also expressed concern when asked to consider how

they would feel personally about welcoming people with a history of drug dependence into their community. The more experience people have had with drugs, either recreational use or drug dependence, the more sympathetic their views and opinions are.[x]

Women make up approximately a quarter of all people with serious drug problems and around one-fifth of all entrants to drug treatment in Europe.[xi] Research suggests women are likely to be stigmatised before they use drugs, face more stigma when using drugs, and even during recovery society still holds onto the label of former drug user, making it difficult to avoid stigma. Moreover, women appear to have less social support; come from families with substance use problems; have a substance-using partner; and have children who may play a central role in their drug use and recovery; and have experienced sexual and physical assault and abuse and have co-occurring mental disorders.[xii], [xiii] Other studies demonstrate that women may be less likely to seek specialised services than men, which may be linked to treatment barriers, one of which is associated stigma. [xiv]

Family members of people with drug problems, such as partners, parents, grandparents, adult children and siblings, often suffer a wide range of negative consequences – emotional, financial and physical. Furthermore, the shame and stigma they could feel can lead to isolation and make them reluctant to seek help.[xv]

Best Practice

The lack of research in this area makes it problematic to make decisive comments regarding the types of interventions that are likely to be effective for reducing stigma, however the rapid review of the literature does offer a number of approaches that could potentially influence stigma-related outcomes positively. Most of the evidence comes from the mental health field.

Education

- Educational campaigns have shown efficacy in reducing self-stigma and boosting self-esteem when part of Cognitive Behavioural Therapy.[xvi]
- There is mixed evidence on the effectiveness of educational interventions in changing public stigma in a significant and lasting way.[xvii, xviii]
- Reduced stigma related to mental illness and depression was found in a meta-analysis of public stigma-reduction interventions which included educational elements.[xix]
- Education campaigns have shown efficacy in changing adolescents' beliefs and attitudes in response to education.[xx]
- Improving attitudes of the general public towards people with substance use disorders may be best accomplished through communication strategies that promote positive stories and through motivational interviewing approaches with particular target groups (e.g. landlords or employers).[xxi]
- Research suggests that educational factsheets will not achieve meaningful improvements in stigmatising attitudes among the general public.[xxii]

- To challenge stigma at a structural level, contact-based training and education programs targeting students and professionals (e.g. police, counsellors) are effective.[xxiii]
- Mental illness and HIV/AIDS research indicates that the effects of education interventions will be enhanced by adding contact-based approaches that facilitate interaction between the public and people who live with stigmatised health conditions.
- Results across several studies specify that programs focused on educating medical students about substance use problems and exposing them to people with substance use issues are likely to decrease their stigmatising attitudes.[xxiv]

Personal Contact

- Contact involves those with lived experience of mental illness or substance use networking with the public and describing their challenges and success. Contact strategies have been shown to benefit self-stigma by creating a sense of empowerment and boosting self-esteem.[xxv,xxvi]
- Combined contact and educational interventions generally show an advantage over educational interventions alone.[xxvii]
- Yamaguchi and colleagues found that in-person and video contact were the most effective intervention types for changing attitudes aimed at college students.[xxviii]
- Corrigan and colleagues' meta-analysis found that contact was more effective that education alone in terms of attitude and behaviour change.[xxix]
- Contact seems to be effective for changing individual attitudes in terms of mental health conditions[xxx], however it is not possible to draw firm conclusions about the value of contact-based interventions over educational interventions. The available evidence suggests that interventions that combine contact with education will be most effective.[xxxi]
- People with lived experience can help others to identify problems and suggest effective coping strategies. Peer support also acts as a counterbalance to the discrimination, rejection, and isolation people may encounter when trying to seek mental or substance use treatment and services.[xxxii]
- People in recovery have more people in recovery in their social networks, fewer people in active use in their networks, and are more likely to be involved in formal recovery support groups. They also report higher quality of life, lower depression and anxiety, and higher levels of personal and social capital.[xxxiii]
- Recovery can be transmitted in social networks through a process of social influence, which can help reduce self-stigma.
- The more recovery connections and assets an individual makes, the more options for recovery support that challenge stigma and exclusion in the community.[xxxiv]

Protest

- Protests can help to increase public awareness and/or policy recognition of issues and concerns related to mental health.

- Protest is a reactive strategy; it attempts to diminish negative attitudes about mental illness, but fails to promote more positive attitudes that are supported by facts.[xxxv]
- Protests have changed many stigmatising statements in the media.[xxxvi]

Mass Media

- Mass media interventions may reduce prejudice, but there is insufficient evidence to determine their effects on discrimination.[xxxvii]
- Social media (e.g. Instagram, Facebook and Twitter) and social marketing campaigns have been shown to be useful strategies to challenge stigma attached to mental health and have been found to be effective in improving attitudes and behaviours towards people with mental disorders.[xxxviii]
- Sampogna and Colleagues[xxxix] found that social marketing campaigns represents an important way to effectively reduce stigma. They conclude that taking into account these positive findings, further population-based campaigns using social media may represent an effective strategy to challenge stigma.
- Social media can, however, spread negative stereotypes substance use and mental health issues, as found by Joseph and colleagues in their analysis of use and misuse of Twitter.[xl]

Approaches to Challenging Stigma

Below are examples of approaches used to challenge stigma from the available evidence.

Inclusive Cities [xli]

The aim of an Inclusive City is to make recovery visible, to celebrate it and to create a safe environment supportive to recovery. Several members of a city including the city council, public and private organisations, employers, landlords and neighbours work together with people in recovery to promote and facilitate sustained recovery. Unfortunately, people in recovery often experience stigma on a daily basis -by employers who don't want to hire them, by landlords who block them from renting houses, by neighbours who ignore them. By building and promoting Inclusive Cities, it is hoped that people could work together to support social cohesion and in effect, reduce stigma.

Long-Term Strategies to Reduce the Stigma Attached to Addiction, Treatment, and Recovery [xlii]

William White outlines strategies that could be used to reduce addiction/recovery-related stigma. The review presents a detailed account of an addiction/treatment/recovery Campaign. The campaign goals are to: enhance public and professional perceptions of the value of medication-assisted treatment; enhance the perceived value of medication-assisted treatment within the heroin using community; put a face and voice on medication-assisted recovery and portray the contributions of people in medication-assisted recovery to their communities; and increase the participation of medication-assisted treatment providers within local community activities. White offers a menu of potential strategies as a starting point for local

discussion which could be implemented to achieve the goals outlined above, and the strategies proposed for the campaign span the following areas: lived experience, education, non-stigmatising, recovery-focused language; treatment practices; local, state, and policy advocacy, and campaign evaluation.

Attitude and Stigma Good Practice Indicators [xliii]

The Scottish Drugs Forum's Staying Alive in Scotland report Good Practice Indicator 15 relates to Attitudes and Stigma: confidential systems are in place for users of services to make complaints and these should be readily visible in service literature and waiting rooms; systems are in place for users of services to be involved in staff recruitment, training and appraisals; systems are in place to allow drug users and families/representatives to appeal decisions about their care i.e. increases/decreases in ORT, funding for rehab and these processes should be clearly displayed in waiting rooms, service leaflets etc.; and bereavement training is available to staff. Workforce Development Considerations include work on values and attitudes; values and attitudes work are integral to all workforce development opportunities; programmes to increase staff resilience and promote well-being should be available to increase the likelihood of embedding the right values and attitudes amongst staff.

Getting Serious About Stigma: The Problem with Stigmatising Drug Users [xliv]

This research analyses public attitudes, the way the press reports drug use, how those with drug problems and their families experience stigma, examines the evidence about stigma, why tackling stigma is important and presents findings from an analysis of press reporting about drug use. It highlights the importance of tackling stigma if people with drug problems and their families are to be able to access the provision required to overcome these problems. Examples of what can be done to reduce the stigma that impedes recovery include:

- Improve the knowledge and understanding among the general public about drug dependency and recovery to reduce the levels of fear and blame.
- Ensure workforce development across the range of professions that work with people with drug problems to improve service responses.
- Support and promote self-help and mutual aid bodies and the nascent drug-user recovery communities as vehicles for reintegration and normalisation.

Dealing with the Stigma of Drugs. A Guide for Journalists [xlv]

The media's role in reporting on drug users has historically been prejudiced and discriminatory, emphasising the criminal aspect of drug use. This paper presents a detailed account of what journalists can do, such as changing the language used. For example, rather than a hopeless junkie one could be described as 'is dependent on…' and thus remind the audience that the individual has not always been a drug user and has the potential to recover. Pictures, anonymity, disguise, consent and picture captions are also discussed. Reporting standards and codes of conduct are then presented. Relatedly, William White[xlvi]

asks if media representatives do not "get it" ("it" being recovery), then what precisely is it that they don't get? White proposes twelve ideas 'from the perspective of a long-tenured recovery advocate'.

Sinning and Sinned Against: The Stigmatisation of Problem Drug Users [xlvii]

This report summarises the evidence on the stigmatisation of problem drug users; explores the nature of this stigmatisation, its impacts and why it happens. The report discusses research on problem drug users in terms of users' accounts, public attitudes, health professionals, people in recovery, the police, and multiple stigmas. It also presents some of the key issues such as medicalisation vs criminalisation, blame, the importance of language and asks if stigma is all that bad. In terms of practice, it provides approaches to challenging stigma of those who use substances in terms of language, education, contact, campaigns, the law, and managing stigma.

Recovering Connections Changing Stigma to Respect [xlviii]

The "Changing Stigma to Respect" Campaign is an initiative of the Partnership for Action on Drugs in Scotland (PADS)- Communities Sub-Group. Their 2018 report identifies different kinds of stigma: structural stigma - the laws, policies and inequalities that sustain it; public stigma- the negative emotional reactions towards the stigmatised group; stigma by association- the devaluation of an individual because of association with stigmatised group; and self-stigma- internalised negative public stereotypes and believing them to be true. The report details the types of stigma people have experienced and then provides examples of how to challenge stigma effectively in a pharmacy setting; for a young family member caring for a parent with an addiction; and for in individuals who hide their problems and past because they feel judged. The report provides detailed approaches to challenging structural stigma, public stigma, stigma by association and self-stigma.

The Role of Social Media in Reducing Stigma and Discrimination [xlix]

Social media are increasingly used by anti-stigma programmes to inform and influence public attitudes. For example, Scotland's national movement to end mental health stigma and discrimination, SeeMe, currently has 17,700 followers on Twitter. The 'Time to Change' campaign to end mental health discrimination was launched in England in 2008. Currently, the campaign has 256,800 followers on Twitter. In England, during 2009–2014 the *Time to Change* anti-stigma programme included a social marketing campaign using mass media, social media and social contact events.[l]

Further Reading

William White Website

Blog and new postings relating to stigma. http://www.williamwhitepapers.com/blog/tag/stigma

Scottish Recovery Consortium

The SRC is a recovery-orientated NGO. It exists to support, represent and advocate recovery from problematic substance use in Scotland. https://scottishrecoveryconsortium.org/

The everyday lives of recovering heroin users [li]

This book provides a unique insight into the everyday lives of recovering heroin users by using the first-hand accounts of the study's participants. A very interesting read which gives the reader a clear understanding of the issues people encounter, which can then help identify the many aspects of stigma these individuals face.

Notes on the management of a spoiled identity [lii]

Erving Goffman in *Stigma: Notes on the management of a spoiled identity* gives a broad account of understanding of stigma and the process of stigmatisation. Furthermore, the ways in which the stigmatised interact with others and how this interaction is shaped by their mutual awareness of the presence of stigma is presented.

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