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

- **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

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

Employment

Healthcare

Communities

Criminal justice

Government

Media & entertainment

Coalition Members

Allies

Partners
+
Shatterproof
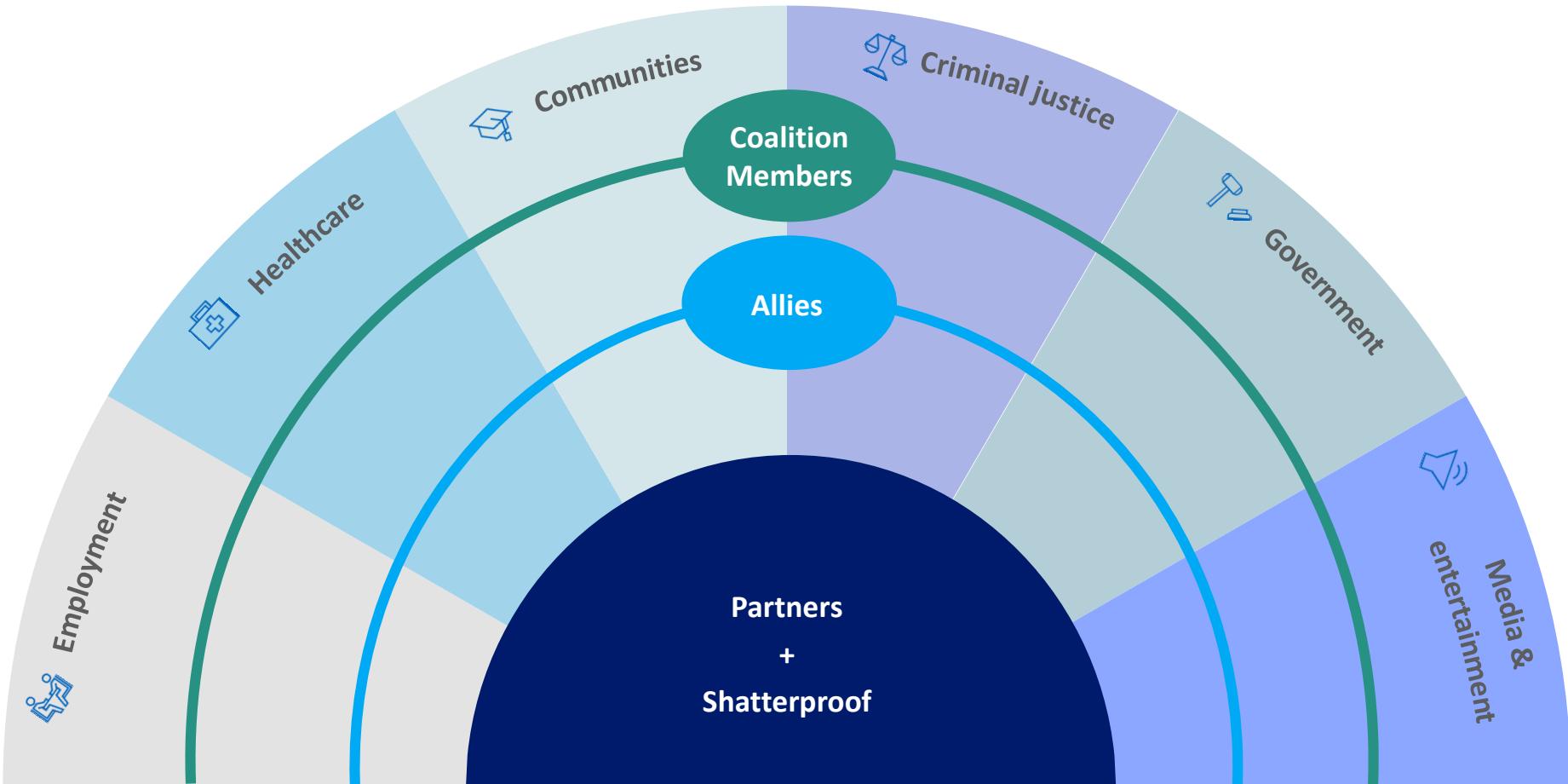
Leaders of the Movement to End Addiction Stigma

Founding Partners

BRIAN MENDELL MEMORIAL FOUNDATION

PA

THE HARTFORD

Coalition Members

The University of Texas at Austin **Dell Medical School**

TREATMENTmagazine
Addiction information, resources & hope—committed to improving outcomes

OPEN OPIOID PRESCRIBING ENGAGEMENT NETWORK

the public good projects

nsc National Safety Council

MILKEN INSTITUTE CENTER FOR PUBLIC HEALTH

American Hospital Association

Members

axial Healthcare

emergent biosolutions

Partners in Education

OPTUM

NORTH **Dakota** Be Legendary. | Behavioral Health HUMAN SERVICES

NEW DIRECTIONS

Harvard Pilgrim HealthCare

NATIONAL ACADEMY of MEDICINE

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.
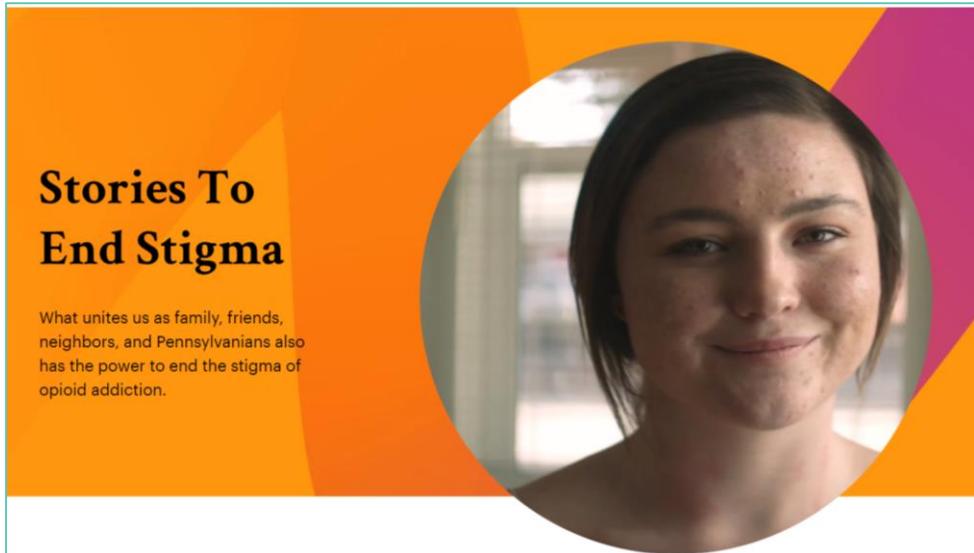
- Multi-phase **evidenced-based** 12-month educational campaign in Pennsylvania

- 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

Evidence-based stories of recovery

Earned media, website, and social channels → **General public, and regional communities**

Digital influencers and targeted paid media → **Targeted messages to reach specific communities**

Community-based organizations* → **People in recovery, their loved ones, and community-based organizations**
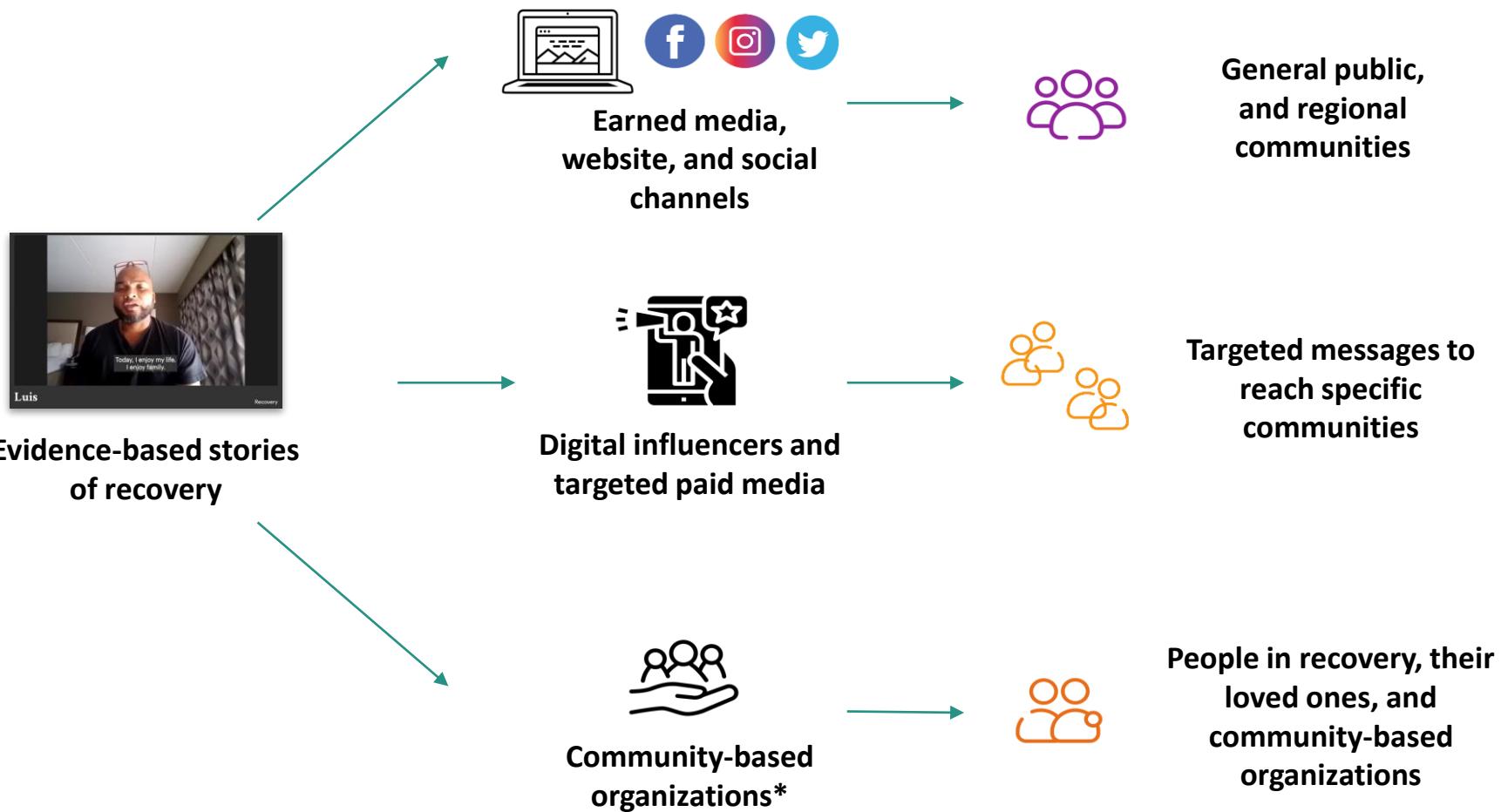
- In addition to distributing content, the campaign plays an active role providing technical assistance and capacity building to local community-based organizations to amplify the outreach and further impact.

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%**

Analysis above presents an overview of trends from the evaluation of the Life Unites Us campaign, from data collected as of April 6, 2021.

Deep Dive: Racial Equity and Stigma

Overdose deaths disproportionately affect Black individuals in the United States

Drug overdose deaths in Q1, 2020 by race compared to the overall proportion of the population, %

■ % of annual overdose deaths
■ % of overall population

	White	Black	Hispanic	Asian
% of annual overdose deaths	69%	16%	11%	1%
% of overall population	63%	12%	16%	6%
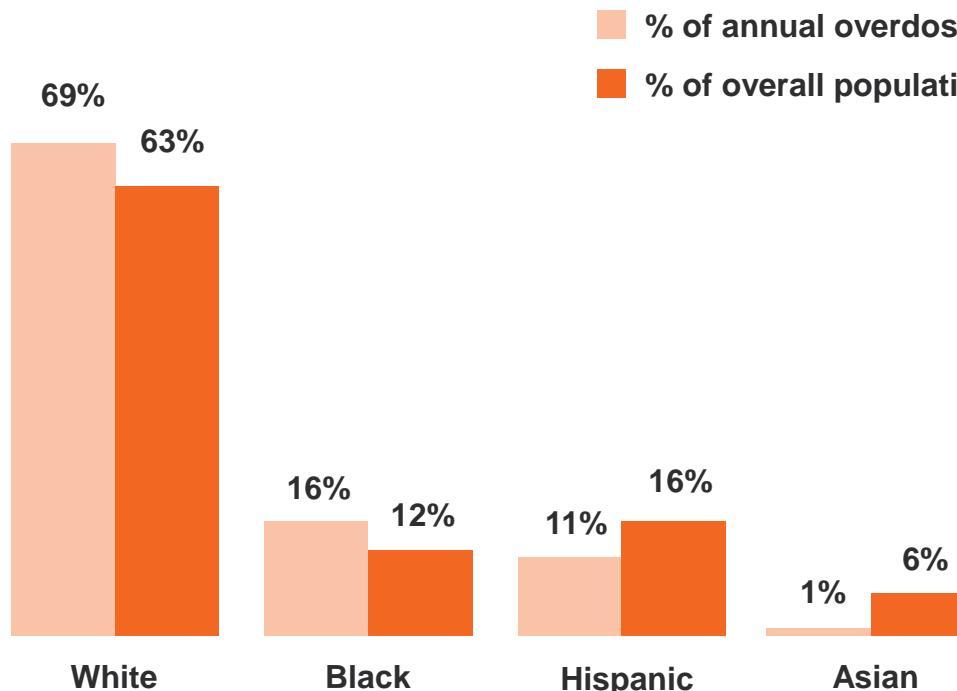
Increase or decrease in overdose death rates (Q1 of 2018-2020) by race, %

White	Black	Hispanic	Asian
- 6%	18%	17%	11%

- **Historically, overdoses disproportionately affect Black and White individuals; recently, Black and Hispanic individuals are seeing their overdose death rates increase more rapidly**

NCHS, National Vital Statistics System. Table 1. Percent of drug overdose deaths by quarter and demographic characteristics: United States 2018-Q1 through 2020-Q1.

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

Overdose deaths per 100,000 individuals, #

Legend:
- White
- Black
- Other

Y-axis: 40, 20

X-axis: 2018, 2019, 2020*
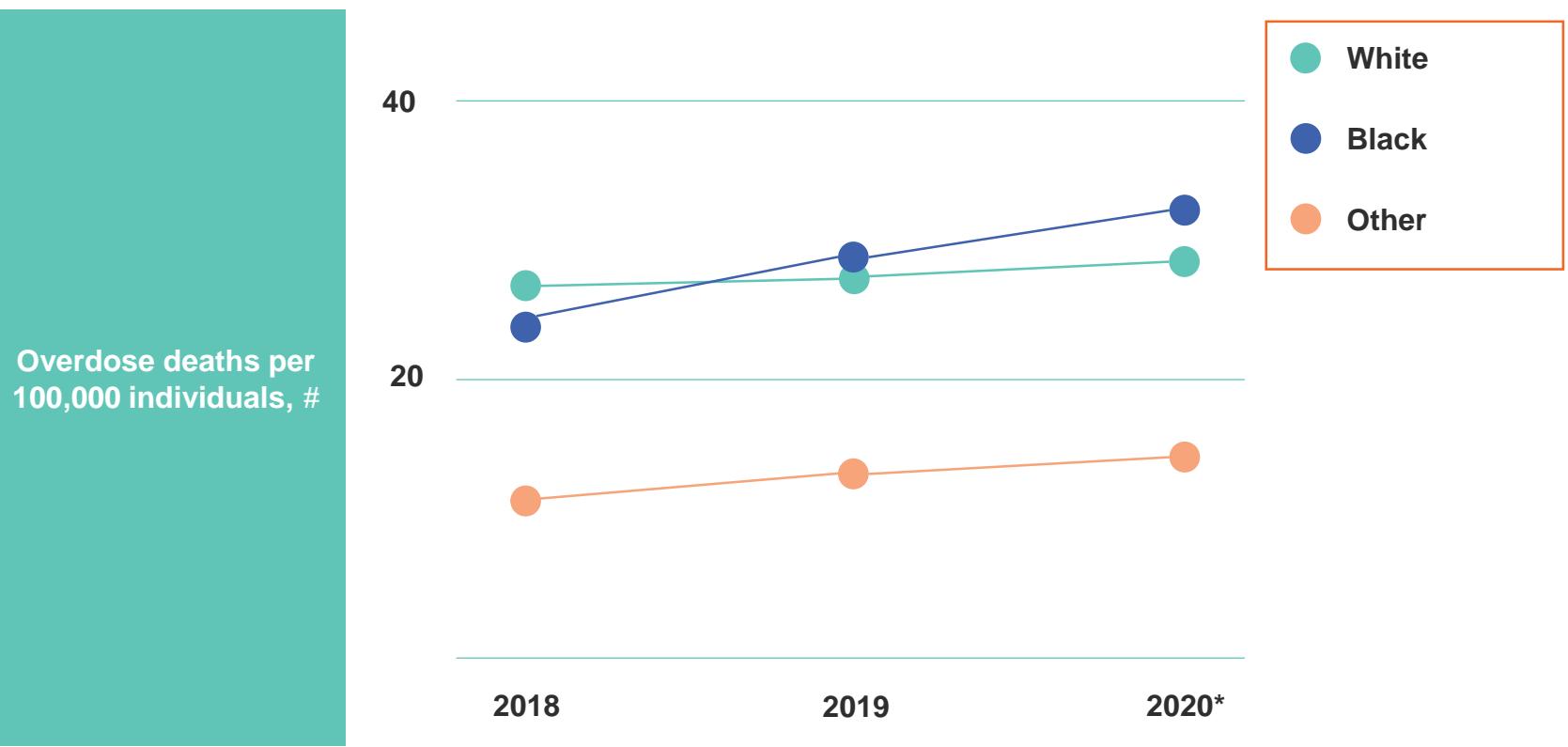
- The annual growth rate from 2018 to 2020 for Black individuals (16.1%) and Hispanic individuals (12.6%) well surpassed the rate of White individuals during the same period (3.8%)
- If trends from Q1, 2020 continue, this may be the first year in which rates of overdose deaths for Black Americans surpass those of White Americans

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

People who started or increased substance use to cope with pandemic-related stress or emotions by race, %

White: **10.6%**
Black: **18.4%**
Hispanic: **21.9%**
Asian: **6.7%**

- **Despite being only 28% of the adult population, Black and Hispanic individuals represent 44% of those increasing substance use to cope with pandemic-related stress**
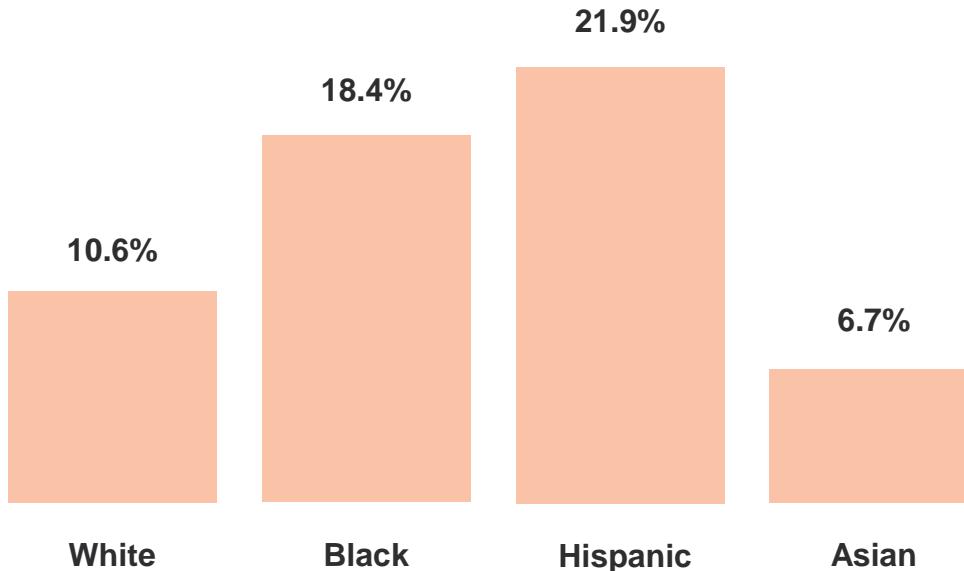
Number of adults (18+) in the U.S. population, millions

White: **17**
Black: **6**
Hispanic: **9**
Asian: **1**

zeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

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, #

Legend:
- White
- Black
- Other

Y-axis: 40, 20

X-axis: 2004-2007, 2008-2011, 2012-2015
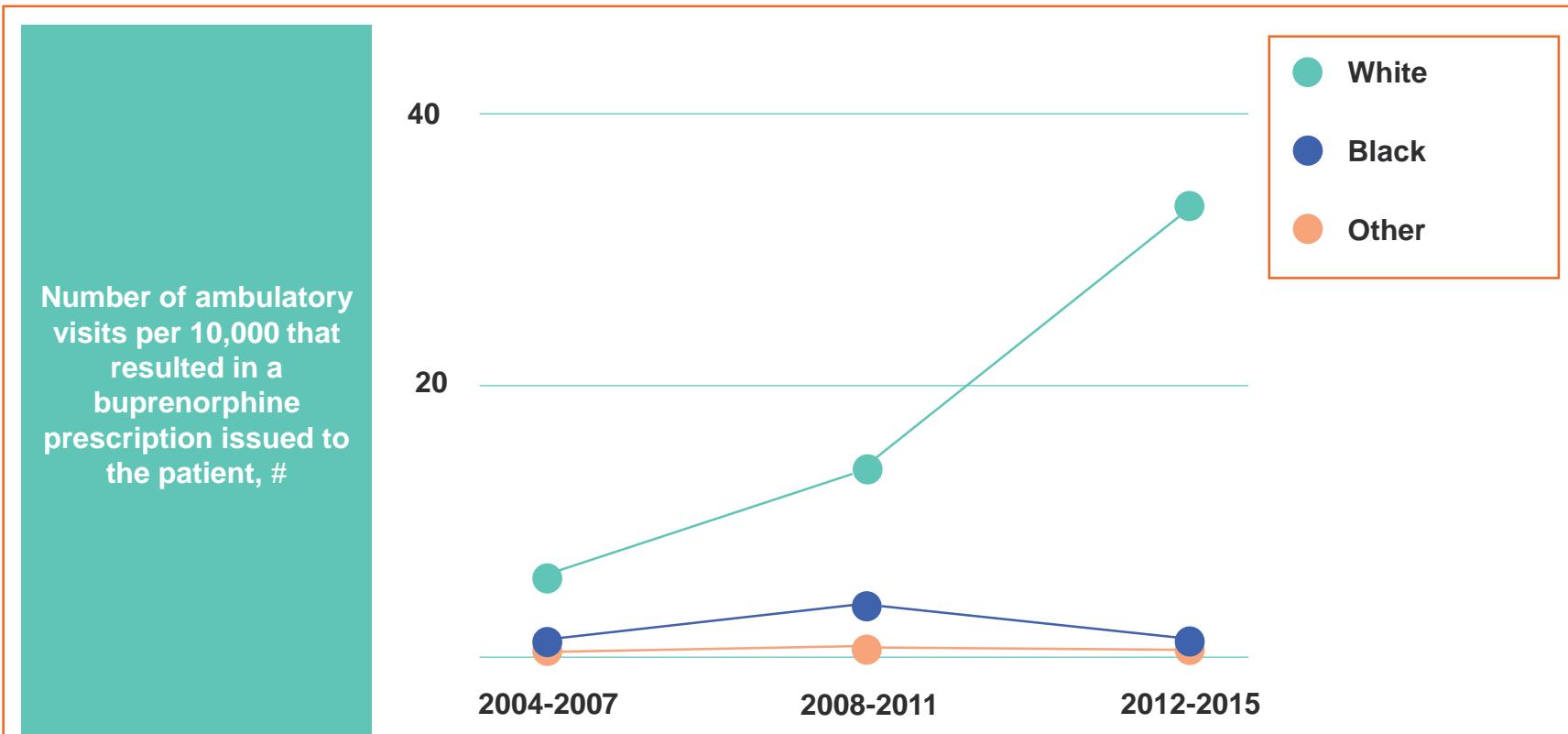
• **"This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay. This finding in nationally representative data builds on a previous study that reported buprenorphine treatment disparities on the basis of race/ethnicity and 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

Percentage of individuals by race retained in OBOT facilities for greater or less than one year, %

Legend: ■ White   ■ Black   ■ Hispanic   ■ Other

N = 664

- 2%
- 13%
- 11%
- 74%

Patients with >1 Year Retention

N = 573

- 1%
- 19%
- 19%
- 61%

Patients with <1 Year Retention
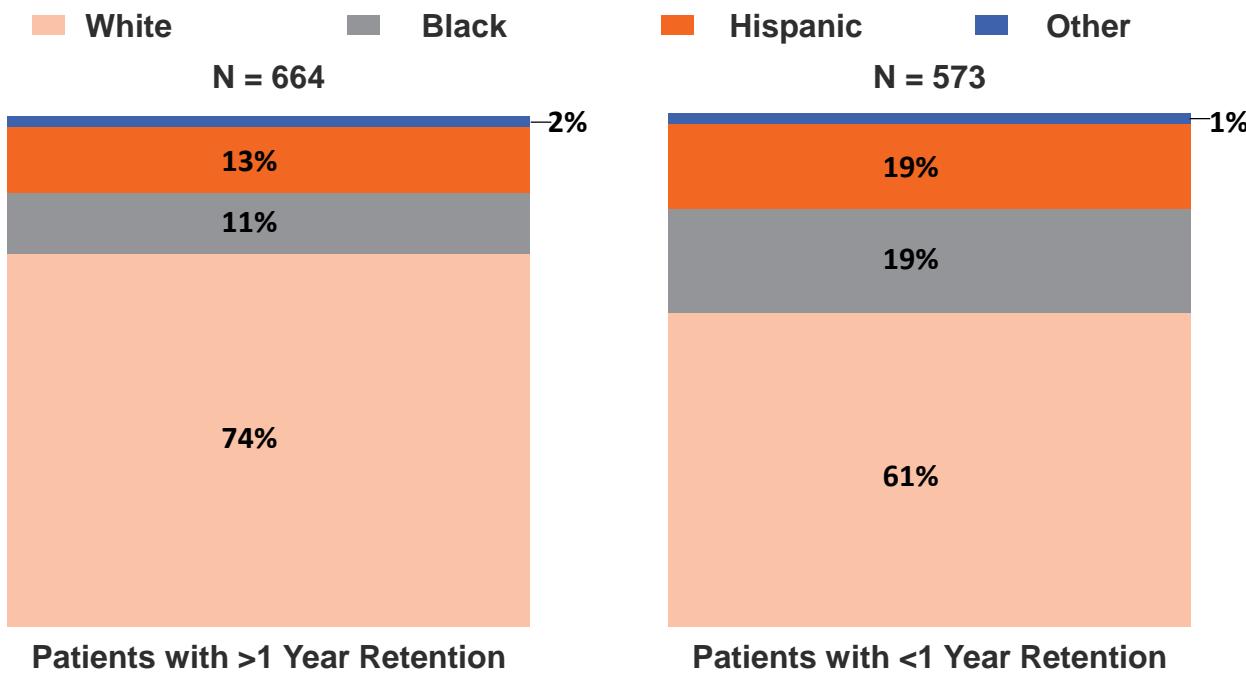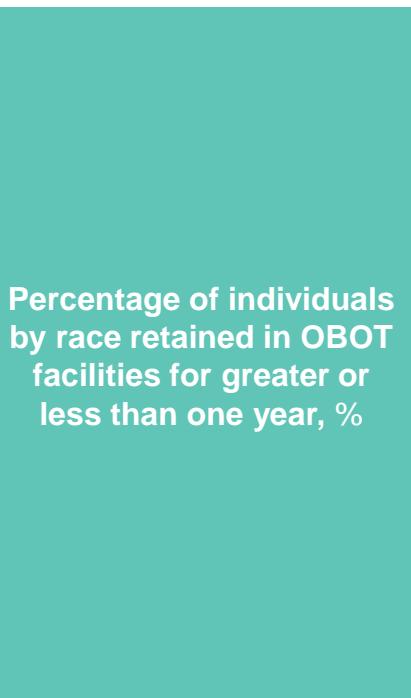
- "Achieving OBOT veteran status is important as **there are significant benefits associated with remaining on buprenorphine for at least one year,** including decreased opioid use, as well as decreased hospitalizations and emergency department visits."
- Patients with less than 1-year retention were more likely to cite clinic problems (4.4%) and legal issues (1.9%) as reasons they left the program; provider discrimination and a biased criminal legal system are at least partially to blame

Weinstein ZM, Kim HW, Cheng DM, et al. Long-term retention in Office Based Opioid Treatment with buprenorphine. J Subst Abuse Treat. 2017;74:65-70. doi:10.1016/j.jsat.2016.12.010

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