Themes and Strategies of Statewide Stigma Reduction Campaigns

October 2024

Introduction

Stigma, or a set of negative attitudes and stereotypes, has always been an impediment to public health.¹
Countless examples of stigma exist throughout history that have had real impacts on prevention, illness, and treatment, such as the stigma surrounding HIV/AIDS, obesity, mental health conditions, and COVID-19.² Substance use disorder (SUD) stigma shares many of the prejudicial views of mental illness, such as unreliability and self-destruction. However, SUD stigma also carries the added weight of an association with criminality and danger, which can impact the way people are treated and thus affect their beliefs about recovery and treatment.^{3, 4}

The purpose of this review is to analyze current public health campaigns that address the stigma of SUD. Historically, public health campaigns were often designed to instill a fear of substances; campaigns meant to specifically decrease the stigma of SUD and those seeking treatment for SUD are a more recent development. While stigma is not an issue that will

be beaten by public health campaigns alone, the switch from the fear-mongering anti-tobacco campaigns of the 60s to the educational and empathetic campaigns of today is worth examining.⁵

Identifying Campaigns

Campaigns were identified via broad Google searches. For the purposes of this search, "campaign" is defined as an active effort to spread an explicit, cohesive public health message with the use of marketing materials. Specifically, campaigns that met the following criteria will be discussed:

- 1. Produces an active website or press release
- 2. Identifies a statewide or national audience
- 3. Targets its message to the general public
- 4. Aims to address stigma in the mission, goal, etc.
- Must include illicit substance stigma, not just legal substances





What Was Found

Stigmas Addressed

Three major stigmas addressed by campaigns were identified during in-depth examination: stigmas against SUD, opioid use disorder (OUD), and treatment for SUD/OUD. While the topics of SUD stigma and OUD stigma both include the use of opioids, SUD stigma also includes the use of stimulants. Many campaigns elected to focus on OUD, often citing the opioid epidemic, while others expanded to include stimulants like methamphetamine and prescription amphetamines. More than 70 percent (n=26) of campaigns addressed SUD, while one-third (n=13) were specific to OUD.

California's "Choose Change" campaign website features a banner with various page titles, including both OUD and SUD (image 1).⁶ The site works to reduce stigma surrounding both OUD and stimulant use disorder by highlighting the similarities between them and stating, "OUD and Stimulant Disorder are no different than any other disease that requires medication to treat it." On the other hand, Michigan's "End the Stigma" campaign focuses more on identifying OUD as a medical condition.⁷ A sample social media post reads, "When you change how you talk about opioid use disorder and see it as a medical condition, you help others heal." The accompanying graphic (image 2) suggests a change in vernacular from opioid addiction to opioid use disorder.



Image 1: Choose Change California heading screenshot https://choosechangeca.org/

Fourteen campaigns specifically addressed treatment. Many campaigns addressed both treatment stigma and SUD or OUD stigma, but several focused solely on treatment stigma.

Maryland's campaign, entitled "Medication for Addiction Treatment (MAT): Asked & Answered," lists common misconceptions and questions about MAT on the home page to reduce stigma associated with medication-assisted treatment. The first one states, "It's not replacing one drug for another. It's just medication that will help you to get better, just like you're taking medication for all the other illnesses that we have out there."



Image 2: "End the Stigma" social media image https://www.michigan.gov/opioids/find-help/stigma/ campaign-resources/end-the-stigma-campaign-resourcesto-share

Campaign Emphasis

Campaigns were also categorized by the overall emphasis of the messaging. Categories included prevention, treatment and recovery, and harm reduction. Categorization was not mutually exclusive, and many campaigns did emphasize more than one topic. Four campaigns emphasized prevention, treatment and recovery, and harm reduction; nine emphasized prevention and treatment and recovery; and three emphasized treatment and recovery and harm reduction. The

topic most commonly emphasized was treatment and recovery, which was observed in 31 out of 37 campaigns (84 percent). The second-most common topic emphasis was prevention, which was observed in 14 out of 37 campaigns (38 percent). Harm reduction was only emphasized in 7 out of 37 campaigns (19 percent). The breakdown and overlap of the number of campaigns featuring certain topics can be observed in figure 1.

A Missouri campaign entitled "NoMoDeaths" is one campaign that emphasized prevention, treatment and recovery, and harm reduction. In fact, the campaign breaks treatment and recovery into two separate categories, which can be seen in the screenshot of its website navigation tool (image 3). In this case, the Treatment category covers linkage to care and medication-assisted treatment, while the Recovery category covers recovery housing and opportunities for those in recovery, such as becoming a certified

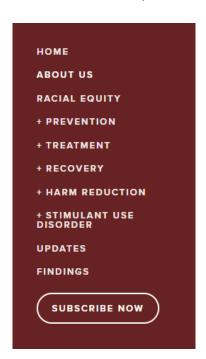


Image 3: NoMoDeaths
navigation screenshot
https://www.nomodeaths.org/

peer specialist or a community research consultant. The Harm Reduction section provides an overview of state laws—such as those addressing possession of paraphernalia, as well as Good Samaritan laws—and provides resources to find naloxone and other harm reduction trainings.

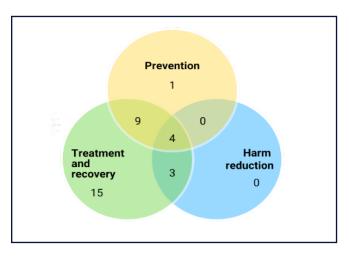


Figure 1: Campaign topic emphasis Venn diagram

Media Types

Campaigns utilized many types of media in their efforts to educate the public and spread awareness. The types of media observed included television ads, radio ads, print, vignettes, social media, billboards, digital, and others.

Television and radio ads were typically 30-second videos or voice messages with brief messages and referrals to the campaigns' websites or social media pages. Nine campaigns utilized television ads, and four utilized radio ads. For example, Ohio's "Beat the Stigma" commercials were unique in their approach of depicting the goal to "Beat the Stigma" as a game show in which contestants answer questions about SUDs.¹⁰ One commercial (image 4) begins with the fictional game show host saying, "Players, drug addiction is often the result of what? A. Genetics. B. Mental illness. C. Traumatic experiences, or D. All of the above." The first contestant, Beth, buzzes in and answers, "E. None of the above," to which the host replies, "There's no E." Beth then continues with, "Something they choose, locking in my answer." Once the host informs her that is also incorrect, she says, "Then I am unlocking my answer and changing it

to 'because they don't know right from wrong.'" A red light flashes, and the host says, "Well, none of those answers are right, Beth. You did not 'Beat the Stigma," while simultaneously highlighting "D. All of the above" as the correct answer. Finally, the narrator closes by saying, "Ohio, challenge what you know about addiction." Print material was often listed on campaign websites, available either for download to a personal computer or bulk order by mail. Common products included brochures for medical offices, fact sheets, flyers, and posters. Sixteen campaigns offered print products or highlighted examples of their print products in use. Indiana's "Next Level Recovery Campaign," for example, offers 12 fact sheets, best practices guides, and brochures for download directly from its website but also provides the option to order up to 100 pocket brochures at no cost. 11



Image 4: "Beat the Stigma" commercial screenshot https://youtu.be/4ZCaLBS7HVA

Vignettes were a very common choice for campaigns and appeared to create a sense of approachability and relatability for people who may be struggling with substance use. Twenty-three out of thirty-seven campaigns (63 percent) utilized vignettes in some capacity. Vignettes were typically videos under 2 minutes that told the story of someone who went through the recovery process—the goal being to

spark hope in people in active use. Tennessee's "Faces of Opioids" campaign features more than 100 citizens of Tennessee who are now in recovery from SUD.¹² Each story features the first name of the person, their picture, the county they live in, and a paragraph explaining their story. The website also offers a place for Tennesseans to share their story via a short form.

Social media accounts included X, Instagram, Facebook, and YouTube. Thirty-one out of thirty-seven campaigns (84 percent) had at least one social media account. Only seven campaigns featured billboards, including "Real Talks Wisconsin," a campaign that promotes open conversation to prevent substance use (image 5).¹³ All campaigns utilized digital media, which included websites and digital ads. Finally, the "others" category of media types included a wide range of miscellaneous tools, including in-person events or presentations, webinars, wristbands, and postcards.



Image 5: "Real Talks Wisconsin" billboard https://dhs.wisconsin.gov/real-talks/index.htm

Facilitators

Thirty-two out of thirty-seven campaigns (86 percent) were operated by state agencies, typically departments responsible for matters related to substance use and mental health. For example, New York's Office of Addiction Services and Supports, South Carolina's Department of Alcohol and Other Drug Abuse Services, Alabama's Department of Mental Health, and California's Department of Health and Human Services were all responsible for their state campaigns. 14, 15, 16

Six out of thirty-seven campaigns (16 percent) were operated by a private agency and a state agency. One such collaboration is Pennsylvania's "Life Unites Us" campaign, which is the result of a partnership between Penn State Harrisburg, The Public Good Projects, and the Pennsylvania Department of Drug and Alcohol Programs. ¹⁷ Five out of thirty-seven campaigns (15.5 percent) were operated solely by private agencies. For example, the Association for Behavioral Health and Wellness operates "Stamp Out Stigma," a national campaign that focuses on the stigma of mental illness and SUD.

What This Means

While stigma campaigns across the United States may vary widely on how they choose to disseminate content, the message of the content tends to focus on combating treatment and recovery stigma. From a public health perspective, these campaigns may not reach individuals who are actively using drugs.

The overall emphasis on prevention of substance use, while not surprising, is not supported by the literature. For example, meta-analyses of educational prevention programs often find little to no effect on

behavior. ^{18, 19} While there are certainly many major differences between general anti-stigma, anti-substance use campaigns and classroom-based educational programs, the overall message remains the same. Again, this may have unwanted consequences on a campaign, as people may feel isolated by campaigns that try to prevent the behavior they are presenting.

The widespread use of social media platforms was no surprise and shows a willingness to adapt to young audiences. The use of vignettes by stigma campaigns underlines the more emotional, human appeal to reducing substance use stigma, though their reception in the community is unknown. The facilitators of the campaigns tended to include health departments, state substance use and mental health agencies, and criminal justice system players. Because so many funders and facilitators were state agencies, that may help explain the emphasis on treatment and recovery and the lack of emphasis on harm reduction. While some harm reduction practices, such as syringe services programs, are legal in many states, the overall topic is still seen as politically divisive and, therefore, may be avoided in statewide campaigns.

Wrap-Up

The anti-stigma campaigns identified in this search ranged drastically in their primary emphasis and means of dissemination. Treatment and recovery alone were the most common emphasis, followed by treatment and recovery and prevention. Utilizing vignettes, or personal stories, seemed to be a common way to engage with citizens through media campaigns. Most vignettes featured individuals who formerly used drugs who are now in recovery

speaking about their journey and resources that exist to help those in active use. Moving forward, a more inclusive approach to anti-stigma campaigns (e.g., highlighting resources for people in active substance use) may simultaneously broaden their reach.

Endnotes

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Appendix

List of Included Campaigns

Name	Location	Website
In the Know	New York	https://oasas.ny.gov/addiction-know-public-awareness-campaign
Someone You Know	Pennsylvania	https://www.ibxfoundation.org/htdocs/custom/someone-you-know/index.html
Back to Life	West Virginia	https://backtolifewv.org/
Life Unites Us	Pennsylvania	https://lifeunitesus.com/about
State Without StigMA	Massachusetts	https://www.mass.gov/state-without-stigma
Stigma Free WV	West Virginia	https://stigmafreewv.org/
Stigma Never Helps	Indiana	https://stigmaneverhelps.com/
Tennessee Faces of Opioids	Tennessee	https://www.tn.gov/tnfacesofopioids
TN Together	Tennessee	https://tntogether.com/
Lift the Label	Colorado	https://liftthelabel.org/
A Dose of Reality	New Mexico	https://www.doseofreality.com/
Arkansas Take Back Stop Stigma	Arkansas	https://artakeback.org/stop-stigma/
Know the Facts	Indiana	https://www.in.gov/recovery/know-the-facts/index.html
Beat the Stigma	Ohio	https://beatthestigma.org/
Stop Judging Start Healing	Alabama	https://www.stopjudging.org/
Choose Change California	California	https://choosechangeca.org/about/
Georgia Recovers	Georgia	https://garecoverstogether.org/
It Starts With Us	Georgia	https://garecoverstogether.org/
See the Person	Georgia	https://garecoverstogether.org/
Unshame KY	Kentucky	https://unshameky.org/pages/about-unshame-kentucky
Options Save Lives	Maine	https://knowyouroptions.me/about-options/
End the Stigma	Michigan	https://www.michigan.gov/opioids/find-help/stigma/campaign-resources/end-the-stigma-campaign-resources-to-share
Know the Dangers	Minnesota	https://knowthedangers.com/greater-minnesota/
Stand Up Mississippi	Mississippi	https://standupms.org/
NoMoDeaths	Missouri	https://www.nomodeaths.org/
Recovery Reinvented	North Dakota	https://recoveryreinvented.com/about/
OK I'm Ready	Oklahoma	https://okimready.org/
Embrace Recovery SC	South Carolina	https://embracerecoverysc.com/
End Addiction Stigma	Vermont	https://www.healthvermont.gov/alcohol-drugs/end-addiction-stigma
Voice for Recovery	Virginia	https://www.saara.org/news/saara-launches-voices-for-recovery-campaign
Real Talks Wisconsin	Wisconsin	https://www.dhs.wisconsin.gov/real-talks/partner-materials.htm
Know the Facts	New York	https://oasas.ny.gov/know-facts
Live Loud	Connecticut	https://liveloud.org/
Stamp Out Stigma	National	https://stampoutstigma.com/
Talk to Me	National	https://knowthedangers.com/greater-minnesota/

Visit the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)
Resource Center at <u>www.cossup.org</u>.

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This report was supported by Grant No. 15PBJA-23-GK-02250-COAP awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.