



A Culture of Compassion: The Shatterproof National Stigma Initiative Case Study

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Substance Use Disorder in the U.S. - 2023

- Over 48 million people aged 12 or older (or 17.1%) had a substance use disorder (SUD) in the past year
 - Over 28 million who had an alcohol use disorder (AUD)
 - Over 27 million who had a drug use disorder (DUD)
 - Over 7 million people who had both an AUD and a DUD
- Over 107,000 people died of an overdose in 2023



Recent Media Coverage

The New York Times

Drug Overdose Deaths Are Dropping.
The Reasons Are Not Perfectly Clear.

The decrease across the country is a major breakthrough in efforts to reverse the effects of fentanyl. Researchers and health officials say there is no easy explanation for the trend.

npr

NPR Exclusive: U.S. overdose deaths plummet, saving thousands of lives

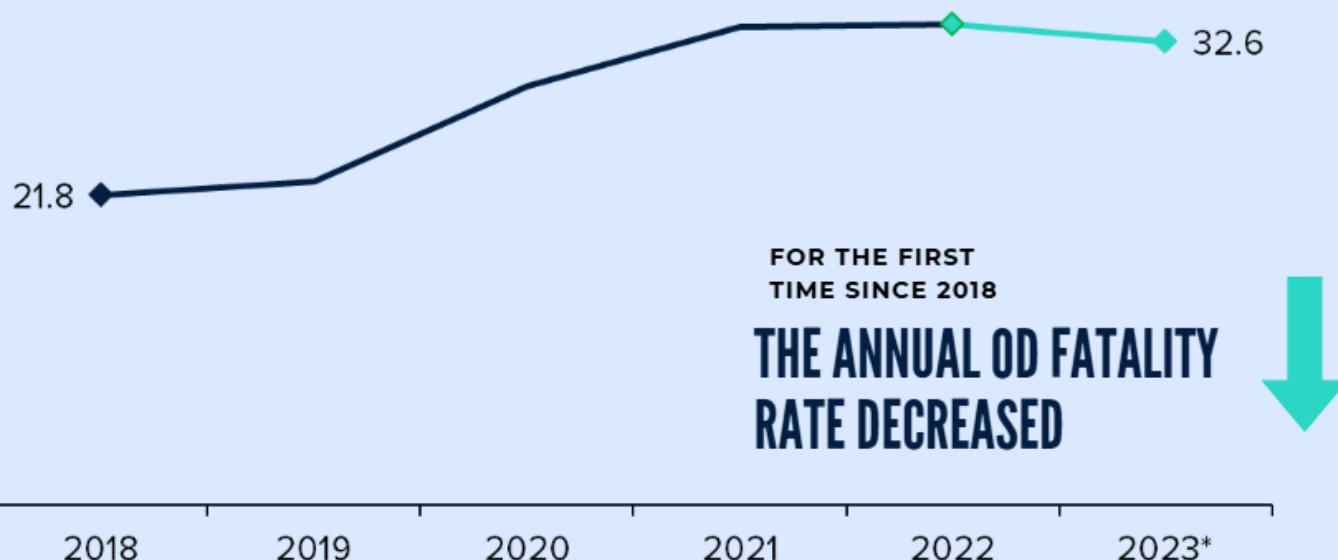


U.S. Overdose Deaths Decrease in 2023, First Time Since 2018

CNN Health

US drug overdose deaths decreased in 2023 for the first time in five years

United States Age-Adjusted Overdose Fatality Rate per 100,000

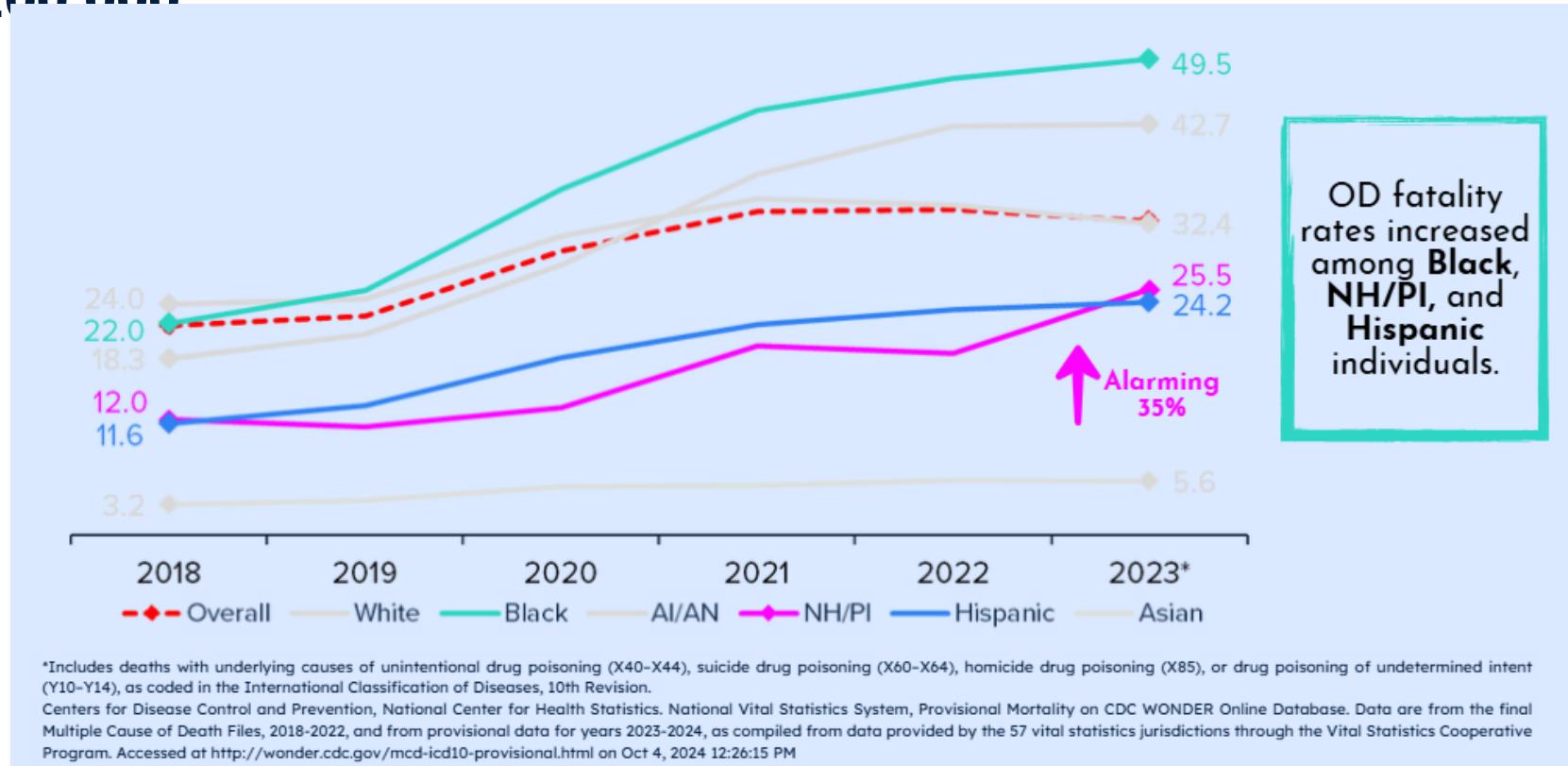


*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision.

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on Oct 4, 2024 12:26:15 PM

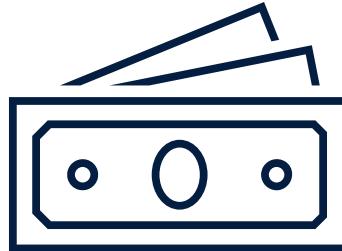


United States Age-Adjusted Overdose Fatality Rate per 100,000



Financial Impact of Substance Use Disorder (SUD) in the Workplace

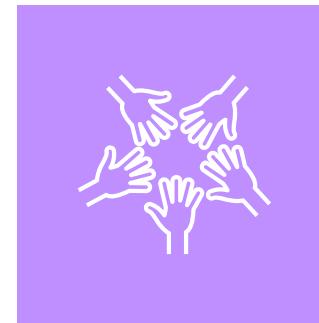
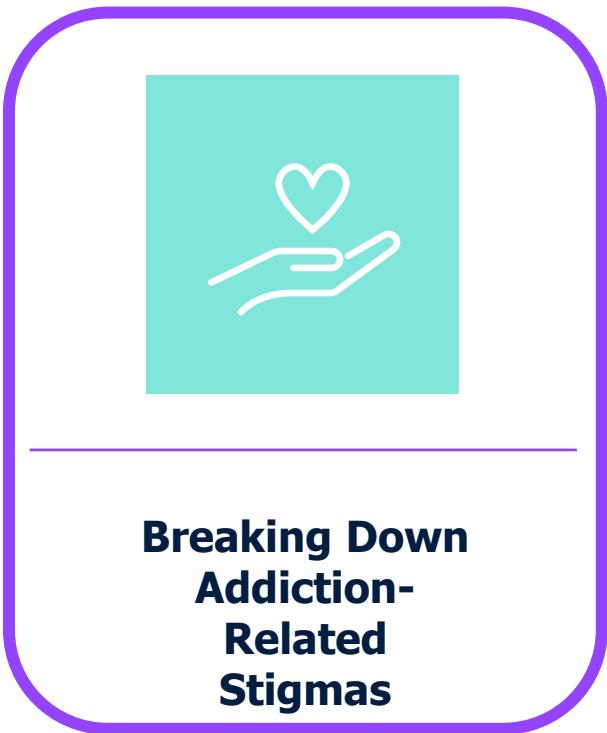
- Workers in recovery help employers avoid \$4,088 in turnover and replacement costs
- Workers in recovery miss 13.7 days less per year than workers with an active SUD
- Each employee who recovers from SUD saves company over \$8,500 on average



Shatterproof's Priority Areas



**Revolutionizing
the Treatment
System**



**Supporting and
Empowering Our
Communities**



What is Addiction Stigma?

Stigma is a socially and culturally constructed process that reproduces inequalities and is perpetuated by the exercise of social, economic, and political power.¹

It is a barrier to receiving healthcare and engaging in help-seeking behaviors, and results in **discrimination** and **exclusion**.



1. Stutterheim, S. E., van der Kooij, Y. L., Crutzen, R., Ruitter, R. A. C., Bos, A. E. R., & Kok, G. (2022). Applying principles of systematic behavior change to stigma reduction: Intervention Mapping as a guide to developing, implementing, and evaluating stigma interventions. *PsyArXiv*. Preprint. DOI: 10.31234/osf.io/5b89q



Key Drivers of the Overdose Epidemic

Shame and social isolation

Individuals not seeking help for their addiction

Insufficient treatment capacity

Health care coverage & reimbursement disparities

Non-evidence based treatment

Criminalization of people with SUD

Social and structural barriers to recovery

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



Types of Addiction Stigma

Public Stigma

- Society's negative attitudes towards a group of people, creating environments where individuals feel unwelcome, judged, shamed, and/or blamed.

Structural Stigma

- Systems-level discrimination caused and codified by institutional policies and/or dominant social norms.

Self-Stigma

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

Stigma Against Medications for Opioid Use Disorder (MOUD)

- The misconception that MOUD involves "trading one addiction for another."



The Shatterproof Addiction Stigma Index (SASI)

- Is a first-of-its-kind measurement tool designed to assess attitudes from the general public.
- Measures the perceptions of those with SUD, including the degree in which they have internalized this exclusion (self-stigma).
- Comprised of more than 50 validated stigma measures.
- First fielded in 2021.



SASI Methodology

Utilizes Indices

An index measures change in a representative group of individual data points. The SASI has four stigma indices that measure public, structural, self, and MOUD stigma.

Measuring Change

Measuring change in this composite manner sets a baseline and enables comprehensive progress measurement – a vital component of stigma reduction.

Vignette Strategy

Utilizes a vignette strategy, which enabled a review of how stigma varied by substance type and recovery status.



You're going to read a description about a person – let's call him John. After you read the description of him, you will answer some questions about how you think and feel about him. There are no right or wrong answers. We are only interested in what you think of him."



What Substances Are Examined in the SASI?

Using the vignette strategy, the SASI examines levels of stigma towards the following substances twice – once with an active use vignette and once with an abstinence-based vignette.



- Alcohol
- Prescription opioids (medical onset)
- Prescription opioids (recreational onset)
- Heroin
- Methamphetamine
- Marijuana (new in 2024)

The Shatterproof Addiction Stigma Index – 2024 Methodology

- Fielded in English and Spanish to a probability-based sample of U.S. adults (aged 18 and older) from March 27, 2024 to April 8, 2024.
- Analytic sample size of 8,090 respondents.
- A cross-sectional analysis was conducted, examining 2024 point-in-time U.S. addiction stigma.
- Survey results are presented as weighted stigma mean scores and stigma item weighted proportions.



Key Findings

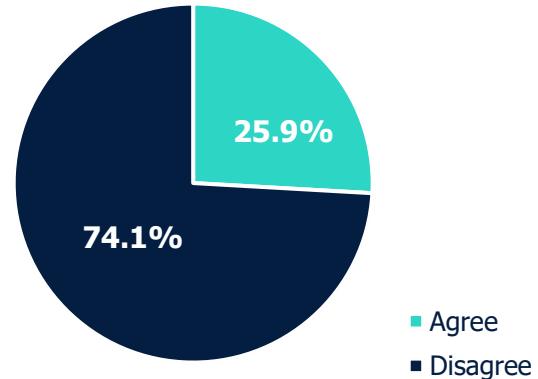
- Most Americans (54%) know someone with SUD.
- Most people misunderstand the nature of SUD.
- Americans distance themselves from people with SUD.
- People hold stigma towards some treatment pathways.
- Mixed support for lifesaving harm reduction interventions.
- Data reported here is looking at all vignettes and use scenarios.



Misunderstanding the Nature of SUD

Three-fourths (74%) of Americans do not believe that a person with SUD is experiencing a chronic medical illness like diabetes, arthritis, or heart disease.

Only half of Americans understand that a person with SUD could be experiencing mental illness (55%) or physical illness (53%).

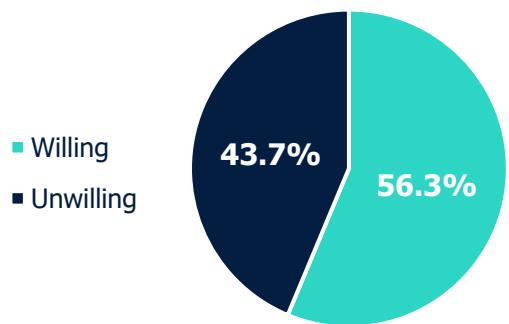


How likely is it that someone with SUD is experiencing a chronic medical illness like diabetes, arthritis or heart disease?

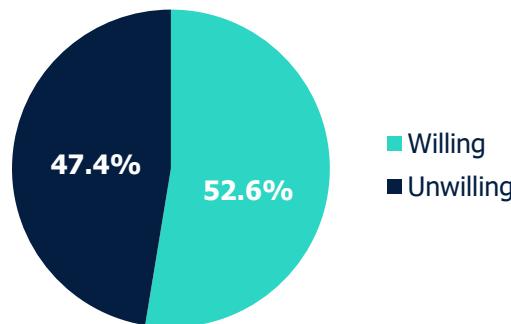


Distancing from People with SUD – Home Life Social Distance

Four in ten adults are unwilling to spend an evening socializing with someone who has SUD (44%) and/or have someone with SUD as a close friend (47%).



How willing would you be to spend an evening socializing with someone with SUD?

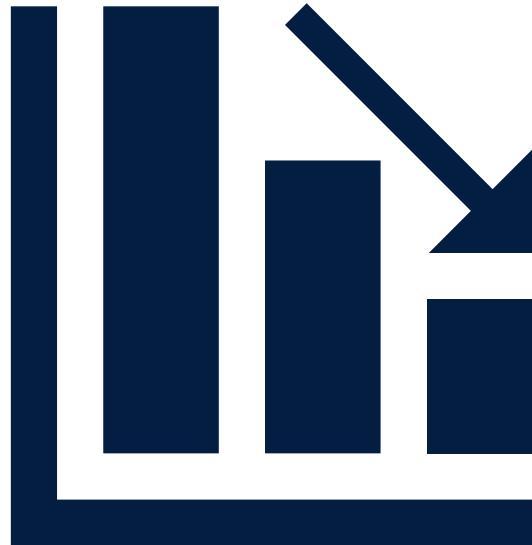


How willing would you be to have someone with SUD as a close personal friend?



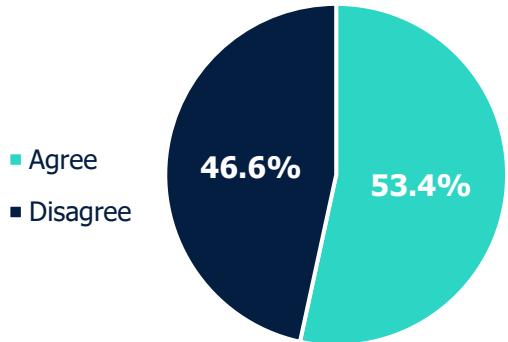
Distancing from People with SUD – Workplace Social Distance

- Approximately three-fourths of Americans (77%) report being willing to have someone with SUD as a coworker
- However, their willingness drops to about half (52%) when they are asked to work in close proximity with that same person.

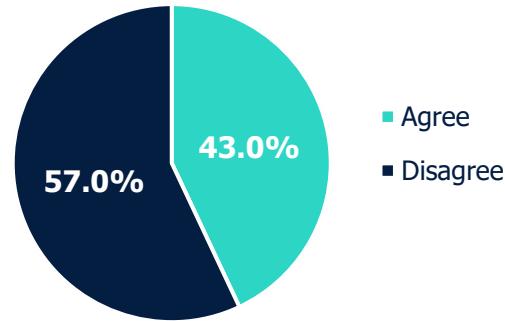


Stigma Towards Treatment Pathways

Four in ten (43%) Americans believe that medications for opioid use disorder (MOUD) substitutes one drug addiction for another.



I would be willing to have a clinic that provided MOUD to people with opioid use disorder in my neighborhood.



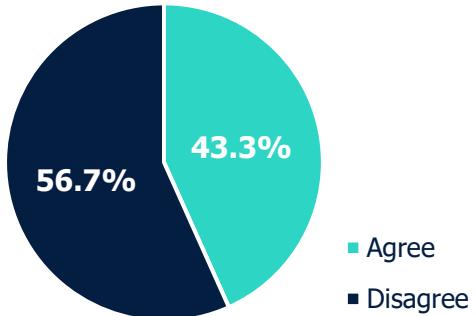
MOUD just substitutes one drug addiction for another.

About half (53%) would be willing to have a clinic that offered MOUD in their neighborhood.

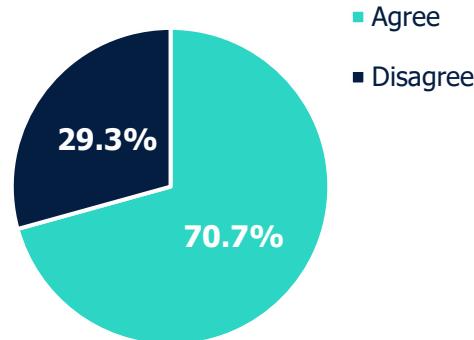


Support for Harm Reduction Interventions

Seven in ten adults support personally procuring naloxone (71%).



There should be a safe injection site in your community.



I would be willing to purchase or obtain Naloxone, a medication that can quickly help a person experiencing a life-threatening drug overdose.

Less than half (43%) of Americans would support having safe injection sites in their community.





* SASI Utilization Opportunities

01

Measuring population-level stigma and following changes over time

02

Measuring differences between groups believed to have different stigmatizing beliefs/behaviors

03

Looking for mediating and/or moderating effects of certain stigma items

04

Testing reactions to different substance use conditions (active vs. recovery, substance vs. substance)

05

Using as a pre- / post-intervention evaluation tool



Take Action: Reducing Stigma in the Workplace

Workplace Benefits of Reducing Addiction Stigma

- Increase employee productivity
 - People can receive proper treatment without fear of being penalized, which leads to improved well-being
 - Reduce absenteeism and turnover
 - Improved morale, engagement, and focus
- Strengthen community relations
 - Demonstrate commitment to social responsibility in your community
 - Foster new partnerships and strengthen your network
 - Attract diverse talent

All leads to improved consumer outcomes.



Preliminary Findings: How to Reduce Stigma in the Workplace



Shatterproof is partnered with The Center for Implementation (TCI) over the past six months to develop a theory of change for how addiction stigma could be reduced in the workplace



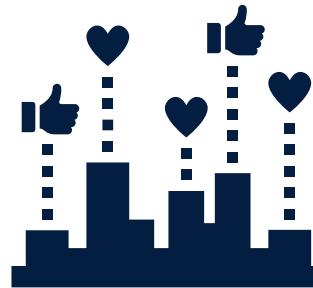
Assess Your Readiness to Reduce Stigma

Consider...



Culture

and



Policy



Stigma Reducing Behaviors and Actions



Build connection



Create a supportive environment



Establish anti-stigma norms



Engage in non-discriminatory employment practices



Build Connection

- Include in social activities
- Include on work teams
- Provide social support



Create a Supportive Environment

- Create opportunities to discuss SUD
- Accept non-disclosure of any condition (including SUD)
- Adapt work culture to normalize inclusion and accommodation (e.g., substance free gatherings, flexible work hours)
- Prioritize and be open to addressing SUD among other workplace issues



Establish Anti-Stigma Norms

- Create a “gossip-free” environment
- Refrain from jokes or casual remarks about SUD
- Use inclusive/non-stigmatizing language across all communications



Engage in Non-Discriminatory Employment Practices

- Advocate for change in company policy
- Maintain employment of people with SUD (i.e., don't dismiss)
- Be open to hiring people with history of SUD
- Reintegrate employee after treatment
- Offer fair/equitable opportunities for promotion
- Appropriately monitor/supervise person with SUD
- Maintain responsibilities aligned with role



How to Create a More Compassionate Organizational Culture

1. Start with Leadership Commitment

- a. Establish clear policies that state your organization's policy on addiction and mental health, outlining non-discriminatory behavior, support for employees, and expectations of empathy.
- b. Leaders should model compassionate behavior, such as speaking openly about mental health and addiction when appropriate.

2. Provide Education on Addiction and Stigma

- a. Organize regular workshops or lunch-and-learn sessions featuring addiction experts and people with lived experience.
- b. Provide employees with evidence-based research.
- c. Clarify common misconceptions.



How to Create a More Compassionate Organizational Culture

3. Build Empathy Through Personal Stories

- a. Invite guest speakers to share their stories.
- b. Once a culture of trust has been established, provide a platform for employees to share their stories (anonymously or in a controlled setting).

4. Train on Communication Skills and Sensitivity

- a. Active listening.
- b. Respectful language – person-first language.
- c. Confidentiality and privacy.



How to Create a More Compassionate Organizational Culture

5. Offer Training in Evidence-Based Interventions

- a. How to recognize the signs of addiction.
- b. How to connect employees with appropriate resources.

6. Create Support Systems within the Workplace

- a. Employee Assistance Programs (EAPs) to provide confidential counseling and addiction services.
- b. Peer support networks.
- c. Ongoing support for employees managing substance use disorder, such as flexible work hours or mental health days.



How to Create a More Compassionate Organizational Culture

7. Evaluate and Adapt the Training Program Regularly

- a. Surveys and feedback.
- b. Updates to training, trends, and new approaches to reducing stigma and treating addiction.

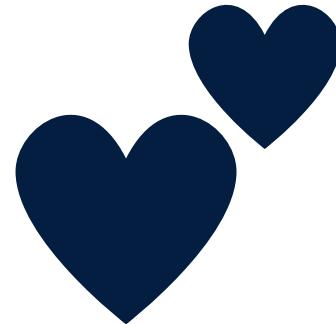
8. Foster an Ongoing Dialogue

- a. Create space for employee on forums or through facilitated discussions.
- b. Recognize and reinforce positive behavior.



How to Address Compassion Fatigue

1. Recognize and acknowledge compassion fatigue.
2. Provide access to mental health resources.
3. Encourage regular self-care and work-life balance.
4. Implement organizational changes to reduce stress.
 - a. Manageable workload
 - b. Clear expectations and boundaries
 - c. Rotating duties
5. Evaluate and adjust benefits regularly.



How to Exemplify your Organizations Contributions to the Community

1. Publicly advocate for addiction education and awareness
2. Support local recovery initiatives and harm reduction
3. Champion policy change in partnership with policymakers and advocacy groups
4. Offer family-focused programs, support, and employee assistance
5. Use your marketing and media strategy to reduce stigma
6. Collaborate with influencers and other community partners





Questions?



Learn More!

The 2024 SASI



The 2021 SASI



Visit shatterproof.org/SASI for more information on the methodology, to learn more about the state of SUD stigma in the nation, and explore the full results from the survey.





Thank you.

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