

## A Culture Of Compassion: The Shatterproof National Stigma Initiative Case Study

December 5, 2024 | 1:00 pm ET

**Note:** The following text was transcribed using Otter.ai. Any misspellings and typos are a result of that service being used.

Hello everyone.

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00:00:04.635 --> 00:00:07.475

My name is Corey Thornton, senior editor here at Open Minds,

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00:00:07.475 --> 00:00:09.755

and welcome to today's Circle Executive Round table,

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00:00:09.815 --> 00:00:11.235

the Culture of Compassion,

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00:00:11.495 --> 00:00:14.275

the Shatterproof National Stigma Initiative case study.

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00:00:14.545 --> 00:00:16.755

Today's round table features Courtney McKean,

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00:00:16.755 --> 00:00:17.755

senior Vice President

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00:00:17.755 --> 00:00:19.835

of the Shatterproof National Stigma Initiative

9

00:00:20.295 --> 00:00:21.315

during the q and a.

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00:00:21.315 --> 00:00:25.035  
She'll be joined by Open Minds Senior Associate Karen Cari.

11  
00:00:25.175 --> 00:00:27.635  
Before we get started, I have a few housekeeping reminders.

12  
00:00:27.635 --> 00:00:29.675  
Your audio will be muted for today's briefing.

13  
00:00:29.675 --> 00:00:30.875  
However, if you have any questions,

14  
00:00:31.175 --> 00:00:33.515  
you can submit them in the question box on the right side

15  
00:00:33.515 --> 00:00:35.675  
of your screen, and we will address them at the end.

16  
00:00:36.095 --> 00:00:37.155  
And finally, the slides

17  
00:00:37.175 --> 00:00:39.395  
and recording for today's round table will be archived

18  
00:00:39.395 --> 00:00:42.115  
and available for subscription members on the Open Minds

19  
00:00:42.115 --> 00:00:43.275  
website starting tomorrow.

20  
00:00:43.815 --> 00:00:44.875  
And with that, here's Courtney.

21  
00:00:46.845 --> 00:00:49.315  
Thank you, Corey. I'm gonna go ahead

22  
00:00:49.315 --> 00:00:51.035  
and switch over to my screen.

23  
00:00:55.195 --> 00:00:56.965  
Okay. I hope you all can see that.

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00:00:57.905 --> 00:01:00.245

Um, again, my name is Courtney McKean.

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00:01:00.265 --> 00:01:03.565

I'm the Senior Vice President Shatterproof National Stigma

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00:01:03.565 --> 00:01:07.005

Initiative, um, where we are, uh, working

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00:01:07.105 --> 00:01:09.285

to reverse the addiction crisis,

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00:01:09.545 --> 00:01:13.085

but specifically in my department, um, really looking at,

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00:01:13.225 --> 00:01:15.565

uh, public stigma of addiction.

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00:01:15.785 --> 00:01:17.325

So with that, I'll go ahead

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00:01:17.325 --> 00:01:19.205

and get in today's, in today's presentation.

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00:01:22.385 --> 00:01:23.605

So today our agenda,

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00:01:24.055 --> 00:01:27.125

we're gonna level set on substance use disorder in America.

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00:01:28.105 --> 00:01:29.735

We're really gonna look at the role

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00:01:29.845 --> 00:01:32.295

that stigma plays in this epidemic.

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00:01:33.715 --> 00:01:36.455

We are gonna talk about the Shatterproof Addiction Stigma

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00:01:36.585 --> 00:01:39.655

Index and the recent 2024 findings.

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00:01:41.675 --> 00:01:43.975

And then we're gonna dive in specifically into

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00:01:43.975 --> 00:01:45.935

how we can reduce stigma in the workplace.

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00:01:47.715 --> 00:01:50.415

Um, with the hope of the objectives today being

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00:01:50.525 --> 00:01:55.135

that we will be able to have tips on, um, how

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00:01:55.155 --> 00:02:00.095

to foster more compassionate organizational cultures, uh,

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00:02:00.245 --> 00:02:02.575

tips for addressing compassion fatigue.

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00:02:03.115 --> 00:02:06.295

And then really, um, how do you elevate your organization

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00:02:06.355 --> 00:02:09.815

as an active contributor, uh, to the communities you live,

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00:02:10.205 --> 00:02:11.655

work, and strive to serve?

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00:02:15.445 --> 00:02:19.415

Okay, so according to, um, Sam says nsda,

48

00:02:19.625 --> 00:02:23.095

which is their annual national survey on drug use in health,

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00:02:23.945 --> 00:02:27.325

we know that over 48 million people aged 12

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00:02:27.325 --> 00:02:30.165

or older have had a substance use disorder in the past year.

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00:02:30.665 --> 00:02:33.045

You'll see below that, over 28 million

52

00:02:33.225 --> 00:02:35.885  
of those folks had an alcohol use disorder,

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00:02:36.635 --> 00:02:39.685  
over 27 million had a drug use disorder,

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00:02:40.385 --> 00:02:44.805  
and over 7 million had both an A UD and A DUD.

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00:02:46.135 --> 00:02:49.025  
Furthermore, we know that in 2023,

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00:02:49.115 --> 00:02:52.345  
there has been over 107,000 people

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00:02:52.605 --> 00:02:54.065  
who have died of an overdose.

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00:02:56.775 --> 00:02:59.205  
So let's dive in a little bit to some, some

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00:02:59.205 --> 00:03:02.125  
of the recent media coverage around overdoses.

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00:03:02.825 --> 00:03:06.245  
Um, the theme that you'll see across these headlines are

61

00:03:06.635 --> 00:03:09.965  
that drug overdose deaths are dropping.

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00:03:10.665 --> 00:03:14.765  
Um, and I just really wanna highlight that one, a lot

63

00:03:14.765 --> 00:03:16.525  
of this data is still provisional,

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00:03:17.765 --> 00:03:21.665  
and two, that the data, this data isn't always telling

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00:03:22.405 --> 00:03:24.225  
all parts of the story, right?

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00:03:25.535 --> 00:03:30.095

So as we look at the United States age adjusted

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00:03:30.415 --> 00:03:33.535

overdose fatality rates on this graph, we'll see

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00:03:33.535 --> 00:03:36.335

that the reports are really talking about the first

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00:03:36.735 --> 00:03:37.975

decrease since 2018.

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00:03:38.755 --> 00:03:42.815

Um, but if you look at this graph, it really is more

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00:03:42.835 --> 00:03:45.095

of a plateau than it is a decrease.

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00:03:45.775 --> 00:03:47.935

I wanna really think about, you know,

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00:03:47.965 --> 00:03:49.375

responsible data sharing

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00:03:50.315 --> 00:03:52.775

and think about, again, these numbers are provisional.

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00:03:53.475 --> 00:03:57.935

Um, we wanna be careful about sharing out trends,

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00:03:58.555 --> 00:04:01.295

um, or, um, any causation

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00:04:01.815 --> 00:04:05.295

causal relationships over a one year span of data,

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00:04:05.295 --> 00:04:08.375

especially around, um, the overdose crisis.

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00:04:09.315 --> 00:04:10.855

And then let's just highlight

80  
00:04:10.855 --> 00:04:13.775  
that these numbers are still alarmingly high.

81  
00:04:14.815 --> 00:04:16.375  
So in 2018,

82  
00:04:17.035 --> 00:04:20.255  
we had about 67,000 overdose deaths a year.

83  
00:04:20.875 --> 00:04:24.495  
We are still about 60% increase from

84  
00:04:24.495 --> 00:04:25.895  
that time in the past five years.

85  
00:04:26.075 --> 00:04:28.935  
So again, it's great to celebrate,

86  
00:04:29.035 --> 00:04:32.175  
but let's also just really think about what the data is,

87  
00:04:32.375 --> 00:04:33.535  
um, really telling us.

88  
00:04:34.705 --> 00:04:37.685  
And then I wanna dive into the data just one level deeper.

89  
00:04:38.545 --> 00:04:43.145  
Um, you'll see this red dotted line really is the line

90  
00:04:43.145 --> 00:04:46.185  
that we saw in the last graph that is going to show us

91  
00:04:46.215 --> 00:04:48.305  
that there has been this marginal decrease

92  
00:04:48.305 --> 00:04:49.385  
in overdose stats.

93  
00:04:50.505 --> 00:04:54.885  
You can also see here that, um, the tan line

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00:04:54.885 --> 00:04:57.685  
that represents, uh, the white community

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00:04:58.435 --> 00:05:00.605  
most closely follows that line.

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00:05:01.755 --> 00:05:03.775  
But the thing that the data's not telling us,

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00:05:03.795 --> 00:05:06.705  
or the headlines are not telling us, is

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00:05:06.705 --> 00:05:09.345  
that we're actually seeing disproportionate increases

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00:05:09.345 --> 00:05:13.705  
amongst certain racial groups such as black,

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00:05:14.425 --> 00:05:17.025  
Hispanic and Native Hawaiian and Pacific Islander.

101

00:05:17.865 --> 00:05:20.785  
Specifically, if you look at this pink line, you'll see

102

00:05:20.785 --> 00:05:22.385  
that in the past year,

103

00:05:22.575 --> 00:05:26.585  
there's been a 35% increase in overdose deaths according

104

00:05:26.585 --> 00:05:31.465  
to the provisional 2023 data, um, of the NHPI communities.

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00:05:32.005 --> 00:05:34.425  
So it just, all of this is really just to say

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00:05:34.425 --> 00:05:37.665  
that the addiction crisis in the United States needs

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00:05:37.665 --> 00:05:39.945  
to remain a top priority for this country.



108  
00:05:40.595 --> 00:05:44.585  
54% of Americans have reported that they know somebody

109  
00:05:44.585 --> 00:05:45.825  
with a substance use disorder.

110  
00:05:49.125 --> 00:05:51.305  
So let's zoom out a little bit about Shatterproof.

111  
00:05:51.305 --> 00:05:54.145  
Shatterproof is a national nonprofit working

112  
00:05:54.245 --> 00:05:55.705  
to reverse the addiction crisis.

113  
00:05:56.525 --> 00:06:01.125  
Um, we were really born out of a personal tragedy of our CEO

114  
00:06:01.705 --> 00:06:03.565  
who lost his son, um,

115  
00:06:03.855 --> 00:06:07.445  
after a long complex, um, complex battle

116  
00:06:07.475 --> 00:06:08.925  
with substance use disorder.

117  
00:06:09.425 --> 00:06:12.605  
Um, from that, Gary Mende really wanted to be able

118  
00:06:12.605 --> 00:06:16.165  
to prevent others from feeling what his family felt,

119  
00:06:16.665 --> 00:06:19.245  
but also wanted to bring the evidence

120  
00:06:19.245 --> 00:06:22.165  
that he found stuck in research journals to life.

121  
00:06:22.305 --> 00:06:26.045  
How can we ensure that we are putting research

122

00:06:26.065 --> 00:06:30.285

and evidence base into practice to really increase, um,

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00:06:30.515 --> 00:06:31.525

treatment outcomes

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00:06:31.545 --> 00:06:32.885

and quality of life for people

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00:06:32.885 --> 00:06:34.645

who have substance use disorder?

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00:06:35.265 --> 00:06:37.445

So we have three priority areas.

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00:06:37.955 --> 00:06:41.165

They're first being revolutionizing the treatment system.

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00:06:41.985 --> 00:06:45.605

We have a platform, a free platform, known as Atlas,

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00:06:45.825 --> 00:06:47.525

as a quality treatment locator,

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00:06:47.525 --> 00:06:51.365

which is currently active in 14 states across the country.

131

00:06:51.865 --> 00:06:54.885

And it really seeks to hold, um,

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00:06:54.995 --> 00:06:58.965

treatment providers accountable to a standard of principles

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00:06:58.965 --> 00:07:03.045

of care, and also really help the person, um,

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00:07:03.185 --> 00:07:06.405

or family members looking to navigate the treatment center,

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00:07:06.585 --> 00:07:09.685

get them to top quality and evidence-based care.

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00:07:11.005 --> 00:07:13.385

One of our other priority areas is supporting

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00:07:13.385 --> 00:07:14.665

and empowering communities.

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00:07:15.245 --> 00:07:18.305

Um, we really do this through grassroots activation.

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00:07:18.645 --> 00:07:23.265

We have, um, shatterproof walk to end addiction stigma walks

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00:07:23.265 --> 00:07:24.345

that we just completed.

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00:07:24.575 --> 00:07:27.665

They are active in around six markets across the country,

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00:07:28.245 --> 00:07:31.105

really bringing people together to have a movement

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00:07:31.565 --> 00:07:34.585

around ending the, uh, stigma around addiction.

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00:07:34.965 --> 00:07:38.265

Um, but then really, you know, again, reversing this crisis,

145

00:07:39.005 --> 00:07:41.745

we also do some policy work in this area

146

00:07:41.855 --> 00:07:45.065

that also is represented in this, um, priority area of work.

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00:07:45.955 --> 00:07:47.615

And then last, but certainly not least,

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00:07:48.005 --> 00:07:50.375

what we're gonna be talking about today, uh,

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00:07:50.655 --> 00:07:53.175

breaking down addiction related stigmas.

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00:07:53.175 --> 00:07:56.575

And that is the work that National Stigma Initiative is

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00:07:56.575 --> 00:07:59.895

currently doing, um, in communities across the country.

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00:08:00.115 --> 00:08:03.695

We are ha we have statewide, uh, digital media campaigns.

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00:08:03.695 --> 00:08:07.375

We're working to really educate the public on substance use

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00:08:07.615 --> 00:08:10.415

disorder and reduce public stigma of addiction.

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00:08:11.115 --> 00:08:13.695

Um, and then we are also working in, um,

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00:08:13.845 --> 00:08:16.255

some curriculum development for healthcare professionals

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00:08:16.395 --> 00:08:19.855

to educate and reduce stigma of addiction, as well

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00:08:19.855 --> 00:08:21.535

as the Shatterproof Addiction Stigma Index,

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00:08:21.535 --> 00:08:22.735

which we will talk about today.

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00:08:25.165 --> 00:08:27.505

So what is addiction stigma?

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00:08:28.125 --> 00:08:30.225

Uh, stigma is a socially, socially

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00:08:30.245 --> 00:08:32.025

and culturally constructed process

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00:08:32.655 --> 00:08:34.905

that reproduces inequalities

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00:08:34.905 --> 00:08:37.385

and is perpetuated by the exercise of social,

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00:08:38.265 --> 00:08:39.545

economic and political power.

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00:08:40.285 --> 00:08:42.425

It is a barrier to receiving healthcare,

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00:08:42.925 --> 00:08:44.585

and it prevents people from

168

00:08:45.145 --> 00:08:46.705

engaging in help seeking behavior.

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00:08:47.365 --> 00:08:50.465

It can result in discrimination and exclusion.

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00:08:53.165 --> 00:08:56.485

So there are typically four types of stigma

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00:08:56.635 --> 00:08:59.245

that we talk about when we talk about addiction stigma.

172

00:09:00.145 --> 00:09:01.245

We have public stigma.

173

00:09:01.945 --> 00:09:05.125

Um, this is society's negative attitudes towards a group

174

00:09:05.125 --> 00:09:08.765

of people, um, where individuals feel unwelcome, judged,

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00:09:08.905 --> 00:09:10.245

shamed, or even blamed.

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00:09:10.975 --> 00:09:13.805

There are structural stigma, so

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00:09:13.885 --> 00:09:16.045

that's systems level discrimination caused

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00:09:16.065 --> 00:09:18.285  
and codified by institutional policies

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00:09:18.345 --> 00:09:20.085  
and dominant social norms.

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00:09:20.865 --> 00:09:24.605  
We have self-stigma where individuals, um,

181

00:09:25.105 --> 00:09:27.965  
who have a substance use disorder in this case accept

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00:09:28.645 --> 00:09:29.685  
societal stereotypes.

183

00:09:30.425 --> 00:09:33.965  
And, um, they internalize these negative views

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00:09:33.965 --> 00:09:36.205  
and feelings, which can reduce their

185

00:09:36.395 --> 00:09:37.965  
self-efficacy and self-esteem.

186

00:09:38.925 --> 00:09:40.945  
And we have stigma against medications

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00:09:40.965 --> 00:09:43.665  
for opioid use disorder order, which is unique

188

00:09:43.885 --> 00:09:45.145  
to the opioid crisis.

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00:09:45.765 --> 00:09:49.185  
Um, medication for Opioid Use Disorder is also known

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00:09:49.405 --> 00:09:50.745  
as MOUD.

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00:09:51.605 --> 00:09:54.385  
And the stigma here is that there's a misconception

192  
00:09:54.415 --> 00:09:58.745  
that MOUD involves trading one addiction for another.

193  
00:10:02.185 --> 00:10:05.565  
So back in 2019, when Shatterproof decided

194  
00:10:05.705 --> 00:10:07.805  
to really set out, um,

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00:10:08.345 --> 00:10:11.645  
and figure out how we were going

196  
00:10:12.105 --> 00:10:15.845  
to address this crisis, we did a,

197  
00:10:16.045 --> 00:10:19.485  
a really extensive research, um, study on

198  
00:10:19.795 --> 00:10:21.765  
what were the drivers of the crisis.

199  
00:10:22.625 --> 00:10:26.525  
And what we were able to find through that work is

200  
00:10:26.525 --> 00:10:28.605  
that there were nine primary drivers,

201  
00:10:29.385 --> 00:10:32.805  
and seven of the nine were driven by pervasive stigma.

202  
00:10:33.265 --> 00:10:35.205  
So you'll see here that shame

203  
00:10:35.225 --> 00:10:38.925  
and social isolation individuals not seeking help

204  
00:10:38.985 --> 00:10:40.805  
for their addiction, um,

205  
00:10:40.865 --> 00:10:42.685  
and then criminalization of people

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00:10:42.795 --> 00:10:44.125  
with substance use disorder.

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00:10:47.605 --> 00:10:49.485  
So with that, I'm gonna go ahead

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00:10:49.485 --> 00:10:52.005  
and talk a little bit about the Shatterproof Addiction

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00:10:52.005 --> 00:10:53.245  
Stigma Index.

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00:10:53.865 --> 00:10:57.565  
One of the things that we also realized pretty early on is

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00:10:57.565 --> 00:11:01.805  
that while people were doing stigma reduction, um, a lot

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00:11:01.805 --> 00:11:03.965  
of the times that may look like, uh,

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00:11:04.245 --> 00:11:06.285  
communications campaigns, they were,

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00:11:06.505 --> 00:11:08.485  
the impact wasn't being measured.

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00:11:08.705 --> 00:11:10.685  
So, you know, the impact

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00:11:10.685 --> 00:11:13.725  
that was being shared were impressions or clicks.

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00:11:14.065 --> 00:11:17.885  
But what we really care about is are we changing knowledge,

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00:11:18.365 --> 00:11:20.005  
attitudes, and ultimately behavior?

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00:11:20.625 --> 00:11:22.965  
Are we making the world more inclusive



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00:11:23.065 --> 00:11:24.485  
and compassionate towards people

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00:11:24.745 --> 00:11:26.605  
who have a substance use disorder?

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00:11:27.265 --> 00:11:30.685  
Um, and so we set out

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00:11:30.865 --> 00:11:32.485  
to put together an index

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00:11:32.935 --> 00:11:35.885  
where we could really hold the nation accountable

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00:11:36.345 --> 00:11:39.645  
to moving the needle over time when reducing stigma like

226

00:11:39.645 --> 00:11:42.805  
other social change movements have, such as hiv, aids,

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00:11:43.035 --> 00:11:44.565  
same sex marriage, et cetera.

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00:11:45.345 --> 00:11:47.885  
So the Shatterproof Addiction Stigma Index, also known

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00:11:47.885 --> 00:11:50.765  
as the Sassy, is a first of its kind measurement tool

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00:11:51.365 --> 00:11:53.965  
designed to assess attitudes from the General P\*\*\*\*\*k.

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00:11:54.465 --> 00:11:56.765  
We also look at the perceptions of those

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00:11:56.875 --> 00:12:00.885  
with substance use disorder to better understand what type

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00:12:00.885 --> 00:12:02.845  
of self-stigma they hold.

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00:12:04.245 --> 00:12:08.025

Um, this index was first fielded in 2021

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00:12:08.445 --> 00:12:09.745

and close partnership

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00:12:09.745 --> 00:12:12.985

with leading stigma researchers at Indiana University.

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00:12:13.885 --> 00:12:15.585

And it's comprised of more than 50

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00:12:15.655 --> 00:12:17.225

validated stigma measures.

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00:12:17.365 --> 00:12:21.825

We really lean to the mental health field, um, to,

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00:12:22.205 --> 00:12:23.305

you know, model

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00:12:23.645 --> 00:12:26.785

and learn as we, um, embark on this journey

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00:12:26.805 --> 00:12:28.425

to reduce stigma of addiction.

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00:12:28.765 --> 00:12:30.305

So a lot of the questions

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00:12:30.305 --> 00:12:32.505

and scales were borrowed for, um,

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00:12:32.575 --> 00:12:35.065

some validated measures in mental health.

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00:12:37.925 --> 00:12:42.025

So in the Shatterproof Addiction Stigma Index, um,

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00:12:43.405 --> 00:12:47.185

the SSE is randomly assigned to,

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00:12:47.605 --> 00:12:48.985  
um, the general public.

249

00:12:49.355 --> 00:12:53.985  
We're able to field this in English and Spanish to adults 18

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00:12:53.985 --> 00:12:55.545  
and older, and we partner

251

00:12:55.575 --> 00:12:58.585  
with a leading marketing research firm called Ipsos.

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00:12:58.845 --> 00:13:01.665  
Um, they use a probability based sampling method,

253

00:13:01.835 --> 00:13:04.705  
which allows us to generalize all of our findings

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00:13:04.705 --> 00:13:05.745  
to the general public.

255

00:13:06.325 --> 00:13:09.145  
Um, so again, that sample is over 8,000 people.

256

00:13:09.685 --> 00:13:13.265  
Um, and then they were randomly assigned to a,

257

00:13:13.525 --> 00:13:14.745  
um, vignette.

258

00:13:14.925 --> 00:13:17.025  
I'm not gonna get into that methodology too much,

259

00:13:17.565 --> 00:13:22.385  
but these vignettes, um, varied across different substances.

260

00:13:22.485 --> 00:13:26.745  
So we have alcohol prescription opioids, both medical onset

261

00:13:26.745 --> 00:13:29.825  
and recreational onset heroin, meth, amphetamine,

262

00:13:30.165 --> 00:13:32.745

and marijuana was a new one that we added this year.

263

00:13:33.125 --> 00:13:35.105

And then in addition, each

264

00:13:35.105 --> 00:13:39.185

of those substances had a vignette that was active use

265

00:13:39.765 --> 00:13:41.825

and one that was an abstine based vignette.

266

00:13:43.405 --> 00:13:47.655

What I can say about that is that we have a robust data set

267

00:13:47.795 --> 00:13:51.775

to really understand how stigma changes across

268

00:13:52.385 --> 00:13:56.175

substances and also across someone's journey, um,

269

00:13:56.225 --> 00:13:58.335

navigating substance use, substance use

270

00:13:58.335 --> 00:13:59.495

and substance use disorder.

271

00:14:02.435 --> 00:14:07.255

So, jumping into the key findings of 2024, we, again,

272

00:14:07.255 --> 00:14:10.695

like I mentioned earlier, most Americans, 54%,

273

00:14:10.925 --> 00:14:12.975

they know someone with a substance use disorder.

274

00:14:14.005 --> 00:14:16.495

Most people misunderstand the nature

275

00:14:16.635 --> 00:14:17.935

of substance use disorder.

276

00:14:19.405 --> 00:14:20.925

Americans distance themselves from people

277

00:14:21.075 --> 00:14:22.365

with substance use disorder.

278

00:14:23.435 --> 00:14:27.175

People hold stigma towards some treatment pathways,

279

00:14:27.835 --> 00:14:29.135

and there's mixed support

280

00:14:29.275 --> 00:14:31.935

for life-saving harm reduction interventions.

281

00:14:35.805 --> 00:14:37.305

So let's dive into those a little bit.

282

00:14:37.565 --> 00:14:39.745

So, misunderstanding of the nature of SUD.

283

00:14:40.245 --> 00:14:43.225

We saw that three-fourths of Americans do not believe

284

00:14:43.225 --> 00:14:46.505

that a person with SUD is experiencing a chronic medical

285

00:14:46.665 --> 00:14:49.865

illness like diabetes, arthritis, or heart disease.

286

00:14:50.715 --> 00:14:54.005

We also saw that only half of Americans understand

287

00:14:54.155 --> 00:14:57.525

that a person with SUD could be experiencing mental illness

288

00:14:57.865 --> 00:14:59.205

or physical illness.

289

00:14:59.875 --> 00:15:01.965

This truly underscores the need

290

00:15:02.065 --> 00:15:04.165

for additional education of the general public.

291

00:15:04.465 --> 00:15:06.525

Um, to really correct these misconceptions around

292

00:15:07.085 --> 00:15:11.545

substance use disorder, we then looked at, uh,

293

00:15:11.555 --> 00:15:13.865

distancing from people with substance use disorder.

294

00:15:14.245 --> 00:15:17.385

So in a home life context, we saw

295

00:15:17.385 --> 00:15:19.825

that four in 10 adults were unwilling

296

00:15:19.825 --> 00:15:22.345

to spend an evening socializing with someone

297

00:15:22.565 --> 00:15:24.905

who has a substance use disorder and

298

00:15:25.165 --> 00:15:27.825

or have someone with a substance use disorder

299

00:15:28.165 --> 00:15:29.345

as a close friend.

300

00:15:30.125 --> 00:15:33.865

Um, so again, you know, during the time

301

00:15:33.975 --> 00:15:38.705

that people need that peer support, the most is the time

302

00:15:38.775 --> 00:15:41.945

that people are, um, creating distance between them

303

00:15:41.965 --> 00:15:43.065

and the people who have people

304

00:15:43.065 --> 00:15:44.425  
who have substance use disorder.

305

00:15:45.245 --> 00:15:49.285  
As we look at treatment pathways, uh, we saw

306

00:15:49.285 --> 00:15:51.645  
that four in 10 Americans believe that medication

307

00:15:51.705 --> 00:15:54.245  
for opioid use disorder substitute one drug for another,

308

00:15:54.635 --> 00:15:57.685  
even though it's an FDA approved gold standard for treating,

309

00:15:57.985 --> 00:15:59.325  
um, opioid use disorder.

310

00:16:00.835 --> 00:16:03.815  
We also know that the majority of Americans understood

311

00:16:03.815 --> 00:16:06.895  
that medication for opioid use disorder is an effective

312

00:16:06.895 --> 00:16:09.855  
treatment and helps people cope with substance use disorder.

313

00:16:10.515 --> 00:16:12.655  
But then when we asked them whether they'd be willing

314

00:16:12.655 --> 00:16:14.095  
to have a clinic in their backyard

315

00:16:14.155 --> 00:16:16.575  
or their neighborhood, um, we saw

316

00:16:16.575 --> 00:16:19.015  
that only about 53% of them supported that.

317

00:16:19.235 --> 00:16:20.255  
That's really, um,

318

00:16:21.205 --> 00:16:23.495

underscores this phenomenon called nimbyism,

319

00:16:23.555 --> 00:16:24.695

or not in My Backyard,

320

00:16:24.905 --> 00:16:27.175

where people support something in theory,

321

00:16:27.555 --> 00:16:29.935

but they kind of wanna keep it out of sight, out of mind.

322

00:16:30.935 --> 00:16:32.795

So this is something we see come up a lot

323

00:16:32.815 --> 00:16:35.995

and something that we, we really need to need to solve for.

324

00:16:37.765 --> 00:16:40.465

As we look at support for harm reduction interventions,

325

00:16:40.645 --> 00:16:42.065

it was, um, promising

326

00:16:42.065 --> 00:16:45.665

that we saw seven in 10 adults support personally procuring

327

00:16:45.785 --> 00:16:49.745

Naloxone, um, which we all know is a reversal agent,

328

00:16:49.885 --> 00:16:51.065

um, for overdose.

329

00:16:52.865 --> 00:16:54.805

But then we saw that less than half

330

00:16:54.805 --> 00:16:57.165

of Americans support having safe injection

331

00:16:57.335 --> 00:16:58.845

sites in their communities.



332

00:16:59.335 --> 00:17:01.525

Again, we can really reflect back on that nimbyism,

333

00:17:02.025 --> 00:17:03.685

um, not in my backyard.

334

00:17:04.085 --> 00:17:07.085

I I don't want, you know, an us first them mentality.

335

00:17:07.945 --> 00:17:10.365

Um, but then I also wanna really highlight that

336

00:17:11.365 --> 00:17:15.495

this is all also known despite of, um, lots of research

337

00:17:15.495 --> 00:17:18.975

and evidence recently that safe injection sites also known

338

00:17:18.975 --> 00:17:20.055

as safe conception sites,

339

00:17:20.285 --> 00:17:22.455

they evidence decreases in overdoses,

340

00:17:23.135 --> 00:17:26.335

decrease in bloodborne diseases such as HIV and Hepatitis C,

341

00:17:26.955 --> 00:17:29.615

and actually support linkage to effective treatment

342

00:17:29.635 --> 00:17:32.135

for those who are looking to take that next step.

343

00:17:32.395 --> 00:17:34.575

So this is definitely an area that we would like

344

00:17:34.575 --> 00:17:36.375

to see more support for in the future.

345

00:17:39.185 --> 00:17:42.685

And then as we look at people specifically in the workplace,

346

00:17:43.505 --> 00:17:45.885

um, we're gonna see that nimbyism again, right?

347

00:17:46.105 --> 00:17:48.125

So approximately three fourths

348

00:17:48.125 --> 00:17:51.805

of Americans report being willing to have someone with SUD

349

00:17:51.805 --> 00:17:54.885

as a coworker, but then when we ask

350

00:17:55.505 --> 00:17:58.965

if they would work in close proximity with that same person,

351

00:17:59.825 --> 00:18:02.565

um, that willingness drops to 52%.

352

00:18:03.255 --> 00:18:07.355

Um, so again, um, we need to really work on,

353

00:18:08.255 --> 00:18:12.195

on aligning some of this, like this theory versus practice

354

00:18:12.375 --> 00:18:14.595

of how people are answering these questions

355

00:18:14.615 --> 00:18:16.555

and then how do they actually show up in the workplace?

356

00:18:16.575 --> 00:18:18.275

How do they actually show up in their real lives

357

00:18:18.535 --> 00:18:20.515

to support people who have substance use disorder?

358

00:18:23.405 --> 00:18:27.675

So in the 2021 Shatterproof Addiction Stigma Index,

359

00:18:27.895 --> 00:18:30.275

it was our inaugural index, we came out

360

00:18:30.275 --> 00:18:32.195  
with a very traditional data report.

361

00:18:32.695 --> 00:18:36.355  
Um, we really shared what we would say is the baseline, um,

362

00:18:36.535 --> 00:18:38.835  
for what addiction stigma looked like in our country

363

00:18:38.935 --> 00:18:39.955  
in 2021.

364

00:18:41.115 --> 00:18:44.935  
In our 2024 report, we wanted to take a, a different,

365

00:18:46.735 --> 00:18:48.975  
a different spin on the, on the report.

366

00:18:50.625 --> 00:18:54.045  
One, we know that story story sharing is an effective

367

00:18:54.525 --> 00:18:56.525  
strategy for stigma reduction.

368

00:18:57.895 --> 00:19:00.035  
Two, we wanted to really lean into,

369

00:19:00.035 --> 00:19:02.075  
wanna shatterproof strengths, which was collecting

370

00:19:02.075 --> 00:19:05.315  
and sharing these stories, um, building rapport

371

00:19:05.315 --> 00:19:07.755  
with our story story shares, um,

372

00:19:07.975 --> 00:19:10.995  
and then, you know, putting these stories out there, um,

373

00:19:11.295 --> 00:19:12.475  
to be told to the world.

374

00:19:13.455 --> 00:19:15.155

But then also we were seeing that

375

00:19:15.155 --> 00:19:18.195

during our story collections when we were asking story

376

00:19:18.295 --> 00:19:21.315

shares about their lived experience with stigma, a lot

377

00:19:21.315 --> 00:19:24.235

of the times we weren't getting answers,

378

00:19:25.175 --> 00:19:27.355

and we would have to pull and pull

379

00:19:27.355 --> 00:19:29.075

and maybe like, ask a question.

380

00:19:29.075 --> 00:19:30.995

It's like, oh, that's stigma, and that's stigma.

381

00:19:31.575 --> 00:19:35.155

So it, it really like highlighted this need to show

382

00:19:35.855 --> 00:19:37.515

how does stigma, these numbers

383

00:19:38.555 --> 00:19:39.915

actually manifest in real life

384

00:19:40.535 --> 00:19:43.595

and practice as someone's navigating

385

00:19:43.595 --> 00:19:44.955

their substance use disorder.

386

00:19:45.255 --> 00:19:47.955

So from that, we were able to really dive into,

387

00:19:48.415 --> 00:19:49.835

um, Kaitlyn's story.

388

00:19:49.975 --> 00:19:53.675

I'm gonna share her short video with you now, um, so

389

00:19:53.675 --> 00:19:56.915

that she can talk a little bit about her journey

390

00:19:56.945 --> 00:19:58.075

with substance use disorder

391

00:19:58.375 --> 00:20:00.155

and the stigma that she faced during it.

392

00:20:01.995 --> 00:20:04.875

I think always used to, I felt like a failure,

393

00:20:05.055 --> 00:20:07.275

but today I see it completely different.

394

00:20:07.275 --> 00:20:10.195

Like, I know that I was supposed to take this path.

395

00:20:10.315 --> 00:20:14.995

I think I faced a lot of stigma through active use,

396

00:20:15.175 --> 00:20:19.395

and especially in early recovery, people still look at me as

397

00:20:20.655 --> 00:20:21.715

she'll never make it.

398

00:20:22.455 --> 00:20:24.275

Um, she's gonna go back to using.

399

00:20:24.815 --> 00:20:28.395

And so, you know, hearing stuff like that, it always

400

00:20:29.505 --> 00:20:30.795

made me down my own stuff.

401

00:20:31.035 --> 00:20:34.155

I originally became a peer support specialist

402

00:20:34.815 --> 00:20:35.835  
simply for the passion.

403

00:20:36.655 --> 00:20:40.155  
You know, when I completed treatment, I became a peer mentor

404

00:20:40.415 --> 00:20:42.235  
and I did nine months

405

00:20:42.335 --> 00:20:45.275  
of peer mentoring at the treatment center I was at.

406

00:20:45.455 --> 00:20:48.045  
And, um, so many people gave to me.

407

00:20:48.195 --> 00:20:50.845  
They gave their time to me to help me and love me

408

00:20:51.625 --> 00:20:53.485  
and just simply be there for me.

409

00:20:53.745 --> 00:20:56.845  
And like I said, ever since I was a little girl,

410

00:20:56.925 --> 00:20:59.765  
I had these big dreams and goals to grow up and help people.

411

00:21:00.345 --> 00:21:01.725  
And this is what I was made for.

412

00:21:01.925 --> 00:21:03.325  
I mean, this is what I was meant to do.

413

00:21:04.145 --> 00:21:07.885  
And so I want somebody to be able to look at me

414

00:21:07.885 --> 00:21:10.605  
and believe me when I say I know how you feel,

415

00:21:11.305 --> 00:21:15.885  
as in there working as a recovery coach today, like,

416

00:21:16.005 --> 00:21:17.365

I get to do peer support,

417

00:21:17.385 --> 00:21:19.245

but I also get to help with harm reduction.

418

00:21:19.585 --> 00:21:21.365

We also get to help send them to treatment,

419

00:21:21.585 --> 00:21:24.565

or we get to link them to MOUD.

420

00:21:24.825 --> 00:21:28.725

We get to let them choose whatever pathway they wanna take,

421

00:21:28.985 --> 00:21:32.725

and so whatever type of recovery they want to go

422

00:21:32.725 --> 00:21:35.565

after, like, I'm here for it and I get to be a part of it.

423

00:21:35.565 --> 00:21:39.365

And it's beautiful. So back when all of this was going on

424

00:21:39.865 --> 00:21:42.965

and we were all actively,

425

00:21:43.065 --> 00:21:46.925

and so fentanyl had just started to come out right

426

00:21:46.925 --> 00:21:49.325

around the time that I entered into recovery.

427

00:21:49.825 --> 00:21:52.765

And also Narcan was just starting

428

00:21:52.785 --> 00:21:55.045

to make its way onto the community for free

429

00:21:55.505 --> 00:21:57.085

and become available to us.

430  
00:21:57.385 --> 00:22:00.005  
The most that we knew about was like the syringe exchange

431  
00:22:00.005 --> 00:22:02.525  
program, and that was so small.

432  
00:22:02.585 --> 00:22:04.725  
It was like the little mobile van units

433  
00:22:04.915 --> 00:22:06.805  
that they had downtown and Louisville.

434  
00:22:07.825 --> 00:22:10.325  
So the lack of resources that was out there,

435  
00:22:10.625 --> 00:22:12.885  
it wasn't anything like today.

436  
00:22:13.105 --> 00:22:15.925  
You know, like the recovery community today is loud.

437  
00:22:16.385 --> 00:22:18.725  
And I love that if it wasn't prolo

438  
00:22:18.745 --> 00:22:20.085  
and I wouldn't be here today,

439  
00:22:21.025 --> 00:22:22.565  
and I'm very grateful for that.

440  
00:22:22.785 --> 00:22:25.805  
But, you know, I've personally used Naloxone

441  
00:22:26.465 --> 00:22:27.925  
before numerous times.

442  
00:22:28.285 --> 00:22:31.285  
I had a very good friend that I had to use it on.

443  
00:22:31.505 --> 00:22:34.205  
And, you know, had I not had it in my purse,



444

00:22:34.645 --> 00:22:36.845

I don't think she would've bled Narcan.

445

00:22:37.465 --> 00:22:40.965

Um, in my car, in my backpack, in my purse,

446

00:22:41.545 --> 00:22:43.325

it Narcan saved my life.

447

00:22:43.705 --> 00:22:46.125

And like had it not been available,

448

00:22:46.485 --> 00:22:47.965

I would not be alive today.

449

00:22:48.365 --> 00:22:51.005

I was in active use for about 10 years,

450

00:22:51.745 --> 00:22:56.325

and it took me, I would say it took me

451

00:22:56.885 --> 00:22:59.965

five or six treatment centers that finally this last time

452

00:22:59.965 --> 00:23:01.965

that I went into treatment, something changed

453

00:23:02.265 --> 00:23:04.405

and something was different.

454

00:23:04.565 --> 00:23:06.925

I had had enough out there and I sat still,

455

00:23:07.465 --> 00:23:10.525

but it took me, I mean, it took a long time

456

00:23:10.785 --> 00:23:11.845

for me to finally get it.

457

00:23:12.165 --> 00:23:16.005

I think for some people the multiple attempts is, for one,

458

00:23:16.345 --> 00:23:20.325

the lack of support or, um, like we had mentioned

459

00:23:20.325 --> 00:23:22.885

before, the stigma in the community.

460

00:23:23.225 --> 00:23:27.725

You know, so some people need medication, you know,

461

00:23:27.785 --> 00:23:29.885

not everybody's pathway, it's gonna look the same.

462

00:23:29.985 --> 00:23:33.765

So what 12 steps might work for somebody,

463

00:23:33.985 --> 00:23:36.565

but other people, they might need suboxone

464

00:23:36.585 --> 00:23:38.245

or methadone or Vivitrol.

465

00:23:38.425 --> 00:23:40.165

But the stigma around it

466

00:23:40.165 --> 00:23:43.085

and the judgment around it, they're too scared to reach out

467

00:23:43.085 --> 00:23:44.125

and say something about it.

468

00:23:44.305 --> 00:23:46.005

And so for them, their only option

469

00:23:46.025 --> 00:23:48.405

and answer is, I'm gonna keep suffering in silence

470

00:23:48.545 --> 00:23:49.725

and I'm gonna keep using.

471

00:23:50.585 --> 00:23:54.245

And so what people don't realize is that medication

472

00:23:54.975 --> 00:23:56.685  
helps people become sustainable,

473

00:23:56.945 --> 00:23:59.565  
it helps save their life while they're on their medication,

474

00:23:59.835 --> 00:24:02.565  
they're no longer using, they're getting up,

475

00:24:02.565 --> 00:24:05.805  
they're showering, they're paying their bills, you know,

476

00:24:05.805 --> 00:24:08.845  
they're sustaining a home a car.

477

00:24:09.225 --> 00:24:12.165  
And I just wish more people would come forward

478

00:24:12.385 --> 00:24:15.045  
and realize, like, it's okay to be on that medication.

479

00:24:15.755 --> 00:24:17.885  
Everybody's pathway is gonna be different.

480

00:24:18.065 --> 00:24:20.565  
You know, I had these big plans to go out to nursing school,

481

00:24:20.945 --> 00:24:24.195  
and my goal was to always be in a field setting

482

00:24:24.255 --> 00:24:26.595  
to help people, but I guess, um,

483

00:24:26.775 --> 00:24:29.915  
God didn't want me in the hospital field, so I had

484

00:24:29.915 --> 00:24:32.795  
to take this path and come out on this side of the field

485

00:24:32.825 --> 00:24:35.675  
because I was meant to help people who are like me.

486

00:24:40.735 --> 00:24:44.095

So that was a clip that we put together

487

00:24:44.275 --> 00:24:46.135

to really talk a little bit about

488

00:24:46.235 --> 00:24:49.095

or summarize a little bit of Kaitlin's experience, um,

489

00:24:49.225 --> 00:24:52.055

navigating substance use disorder and the stigma around it.

490

00:24:53.435 --> 00:24:54.595

Specifically in the report,

491

00:24:54.745 --> 00:24:56.915

Kaitlin recalls her peers at work,

492

00:24:57.305 --> 00:24:59.115

they would talk about her behind her back.

493

00:24:59.735 --> 00:25:02.715

Um, management was unwilling to make accommodations for her

494

00:25:02.715 --> 00:25:05.995

to take MOUD as she strived to find stability.

495

00:25:06.925 --> 00:25:08.705

She says that this made her feel less than,

496

00:25:08.925 --> 00:25:11.625

it lowered her self-esteem made her feel like a failure.

497

00:25:12.365 --> 00:25:13.985

She felt as though she was treated differently

498

00:25:14.085 --> 00:25:17.025

and that people didn't trust her, and that her roles

499

00:25:17.045 --> 00:25:21.585

and responsibilities were changed once she disclosed, um,

500

00:25:21.975 --> 00:25:23.225  
that she was striving

501

00:25:23.285 --> 00:25:25.665  
to find recovery from her substance use disorder.

502

00:25:26.585 --> 00:25:29.125  
So again, I just wanted to really bring the data

503

00:25:29.225 --> 00:25:31.845  
and bring that, that human component,

504

00:25:32.105 --> 00:25:33.165  
um, to that work through.

505

00:25:35.005 --> 00:25:37.785  
So why, what is this sassy for?

506

00:25:38.305 --> 00:25:40.345  
I kind of hinted toward this a little bit earlier.

507

00:25:40.805 --> 00:25:43.225  
Um, but yes, what I just explained

508

00:25:43.405 --> 00:25:44.945  
to you is really measuring,

509

00:25:44.945 --> 00:25:46.865  
measuring population level stigma.

510

00:25:47.325 --> 00:25:49.265  
So really looking at what is,

511

00:25:49.415 --> 00:25:51.985  
what are the general perceptions across the United States

512

00:25:52.205 --> 00:25:55.105  
around substance use disorder and people who use substances.

513

00:25:55.765 --> 00:25:58.665  
Um, societies take a long time to change.

514

00:25:59.165 --> 00:26:02.705

Uh, stigma is not going to be changed overnight.

515

00:26:03.045 --> 00:26:05.705

Um, with that, we also hope that the shadow

516

00:26:05.765 --> 00:26:09.785

of addiction stigma index can be used, um, as a mechanism

517

00:26:09.885 --> 00:26:13.505

to hold us accountable, uh, to truly reducing stigma.

518

00:26:13.725 --> 00:26:16.865

So we will be doing this every two to three years

519

00:26:17.365 --> 00:26:19.465

to look at, uh, change over time.

520

00:26:20.635 --> 00:26:23.815

You can also look at differences between demographic groups

521

00:26:23.875 --> 00:26:25.295

and segments of the community.

522

00:26:25.915 --> 00:26:29.505

Um, as we talked about earlier, it's not,

523

00:26:29.605 --> 00:26:32.385

the data is very different when you just aggregate

524

00:26:32.445 --> 00:26:33.745

by racial group.

525

00:26:34.285 --> 00:26:36.785

Um, so we can look at the data from that way

526

00:26:36.805 --> 00:26:38.985

and see what types of stigma, um,

527

00:26:39.015 --> 00:26:40.385

does the black community hold

528

00:26:40.655 --> 00:26:42.505

that the white community might not hold,

529

00:26:42.565 --> 00:26:45.365

and that can really help us better understand

530

00:26:45.545 --> 00:26:47.445

how we're going to tackle this problem.

531

00:26:47.985 --> 00:26:51.285

And as you think about segments of the community in 2021

532

00:26:51.425 --> 00:26:54.965

and 2024, we also over sampled for people

533

00:26:54.985 --> 00:26:56.365

who are in the healthcare profession.

534

00:26:56.665 --> 00:27:00.845

Um, so how, what are the unique stigmas that people

535

00:27:00.905 --> 00:27:02.765

who work in healthcare have?

536

00:27:03.305 --> 00:27:05.965

Um, and how can we, again, going to three

537

00:27:06.625 --> 00:27:09.205

design tailored interventions, um,

538

00:27:09.985 --> 00:27:12.925

and better understand effective strategies

539

00:27:12.945 --> 00:27:15.125

to reduce stigma within those systems.

540

00:27:16.165 --> 00:27:18.945

And then last but not least, we can use the SSE

541

00:27:18.945 --> 00:27:22.945

as a pre-post, um, intervention evaluation tool

542

00:27:23.045 --> 00:27:25.865  
to really understand efficacy, ensure

543

00:27:25.895 --> 00:27:28.185  
that we are moving the needle where we want to,

544

00:27:28.565 --> 00:27:31.185  
and we're mitigating unintended consequences

545

00:27:31.245 --> 00:27:32.585  
of any of our interventions.

546

00:27:35.235 --> 00:27:37.095  
So now let's jump into taking action.

547

00:27:37.315 --> 00:27:39.375  
So reducing stigma in the workplace.

548

00:27:41.085 --> 00:27:44.545  
So, um, sorry, my slide, I will fix this slide

549

00:27:44.545 --> 00:27:46.905  
before the shared, it looks like it got cut over,

550

00:27:47.085 --> 00:27:49.825  
but it says, understanding the mini roles we play.

551

00:27:50.345 --> 00:27:53.185  
I wanna just, you know, take a 30,000 foot view

552

00:27:53.185 --> 00:27:56.505  
and just remind everybody that we wear mini hats.

553

00:27:57.125 --> 00:28:01.105  
Um, me, for example, I am a female.

554

00:28:02.005 --> 00:28:05.105  
Um, I am heterosexual, I

555

00:28:05.685 --> 00:28:08.185  
am a mom, I am biracial.



556

00:28:09.425 --> 00:28:12.165

All of those things play into my identity,

557

00:28:12.705 --> 00:28:14.845

or di identities are multidimensional.

558

00:28:15.915 --> 00:28:18.135

That's the same way that I wanna think of.

559

00:28:18.255 --> 00:28:20.935

I want you all to think about your role in addressing

560

00:28:21.235 --> 00:28:23.695

stigma, specifically stigma around addiction.

561

00:28:24.675 --> 00:28:27.055

So if you look at, uh, this diagram,

562

00:28:27.725 --> 00:28:30.335

this shatterproof Addiction Stigma Index report this year

563

00:28:30.475 --> 00:28:32.335

was really targeting the individual.

564

00:28:32.685 --> 00:28:36.615

What is one action in one individual can take today

565

00:28:37.395 --> 00:28:38.855

to really show compassion

566

00:28:38.855 --> 00:28:41.095

to someone who's has substance use disorder

567

00:28:41.515 --> 00:28:43.135

and work to reduce stigma?

568

00:28:44.115 --> 00:28:47.255

Um, the work that Shatterproof does, um,

569

00:28:47.255 --> 00:28:50.535

in the broader communities at the statewide is looking at

570

00:28:50.535 --> 00:28:53.055  
community and society at large.

571

00:28:53.635 --> 00:28:58.295  
How do we, um, how do we have that population, um,

572

00:28:58.925 --> 00:29:01.615  
size shift in knowledge, attitudes, and beliefs?

573

00:29:03.105 --> 00:29:05.525  
And we all sit in different spheres here.

574

00:29:05.585 --> 00:29:07.885  
And then today, like what we're really talking about is

575

00:29:07.885 --> 00:29:09.165  
that organizational sphere.

576

00:29:09.465 --> 00:29:12.405  
So when we put on our hat, whether it's as an employee

577

00:29:12.985 --> 00:29:17.565  
or an employer, what is our role, um, in that,

578

00:29:18.025 --> 00:29:20.165  
uh, system to reduce stigma?

579

00:29:22.735 --> 00:29:26.595  
So again, that SSE really looked at the individual level.

580

00:29:26.775 --> 00:29:30.955  
We were able to do a qualitative thematic analysis on all

581

00:29:30.955 --> 00:29:32.515  
of the stories across our states.

582

00:29:33.215 --> 00:29:36.035  
Um, of people that we interview, we ask a question

583

00:29:36.035 --> 00:29:39.475  
around like, how do they see stigma being

584

00:29:39.475 --> 00:29:40.595  
reduced in their communities?

585

00:29:40.595 --> 00:29:43.285  
And just wanna highlight how important it is

586

00:29:43.385 --> 00:29:46.685  
to center the voices of people with lived experience.

587

00:29:47.105 --> 00:29:50.925  
Um, while these actions seem simple, um,

588

00:29:51.355 --> 00:29:52.925  
they were well-informed,

589

00:29:53.505 --> 00:29:55.885  
and I think they are very tangible ways for people

590

00:29:55.945 --> 00:29:56.965  
to take that next step.

591

00:29:56.965 --> 00:29:58.445  
And addressing stigma.

592

00:29:58.705 --> 00:30:00.805  
So treating people with empathy

593

00:30:00.805 --> 00:30:03.335  
and kindness, educating yourself

594

00:30:03.335 --> 00:30:05.615  
and others about substance use disorder, you know,

595

00:30:05.615 --> 00:30:08.295  
really correcting those misconceptions that we heard earlier

596

00:30:08.995 --> 00:30:10.295  
and then sharing your story.

597

00:30:10.675 --> 00:30:14.055  
Um, regardless, sharing, not everyone is meant to disclose,

598

00:30:14.595 --> 00:30:17.095  
um, on a social media campaign.

599

00:30:17.555 --> 00:30:19.815  
So what does it mean, right?

600

00:30:19.915 --> 00:30:21.935  
To even share your story with one person?

601

00:30:22.265 --> 00:30:24.615  
There can be a domino effect there

602

00:30:24.615 --> 00:30:27.175  
and a very positive impact on just that one person.

603

00:30:27.435 --> 00:30:31.095  
So, um, really encouraging people to share their story

604

00:30:31.115 --> 00:30:32.135  
and where they're comfortable.

605

00:30:32.715 --> 00:30:36.375  
So because we're talking about the workplace,

606

00:30:36.895 --> 00:30:39.895  
I wanna also hit on the impact

607

00:30:39.895 --> 00:30:42.695  
of substance use disorder on the bottom line of a workplace.

608

00:30:43.395 --> 00:30:47.255  
Um, so using, um, a calculator that was developed

609

00:30:47.255 --> 00:30:50.135  
by Shatterproof and the National Safety Council, um,

610

00:30:50.555 --> 00:30:51.895  
we looked across industries

611

00:30:51.995 --> 00:30:54.695  
and we can see that, uh, workers in recovery

612

00:30:55.205 --> 00:30:59.295

help employees avoid over \$4,000 in turnover.

613

00:31:00.705 --> 00:31:05.235

Workers in recovery miss about 14 days less per year than

614

00:31:05.235 --> 00:31:07.835

workers that have an active substance use disorder.

615

00:31:09.095 --> 00:31:12.265

Each employee who recovers from substance use disorder saves

616

00:31:12.345 --> 00:31:16.065

a company about eight, uh, \$8,500 on average a year.

617

00:31:17.775 --> 00:31:22.035

And then something that came out of a recent, uh, SAMHSA

618

00:31:23.355 --> 00:31:26.555

employer focus issue brief is that work is one

619

00:31:26.555 --> 00:31:29.875

of the best predictors of positive outcomes for people

620

00:31:29.905 --> 00:31:31.035

with substance use disorder.

621

00:31:31.535 --> 00:31:33.275

So people with substance use disorder

622

00:31:33.415 --> 00:31:36.755

who are employed when compared to their counterparts

623

00:31:36.755 --> 00:31:38.195

who have a substance use disorder

624

00:31:38.215 --> 00:31:40.995

and an unemployed, they're more likely

625

00:31:41.095 --> 00:31:44.435

to demonstrate lower levels of recurrence, higher rates

626

00:31:44.495 --> 00:31:47.995

of abstinence, um, improvements in quality of life

627

00:31:48.615 --> 00:31:51.795

and more successful transitions from long-term residential

628

00:31:51.795 --> 00:31:53.675

treatment back to community.

629

00:31:53.675 --> 00:31:54.915

And that's just a couple things

630

00:31:54.915 --> 00:31:56.115

that were listed in that study.

631

00:31:58.085 --> 00:32:01.745

So just to, you know, uh, go a little bit deeper there.

632

00:32:01.855 --> 00:32:04.385

Workplace benefits to reducing addiction stigma,

633

00:32:04.725 --> 00:32:06.545

we can increase employee productivity.

634

00:32:07.605 --> 00:32:11.105

Um, so we can, again, reduce that absenteeism and turnover.

635

00:32:11.445 --> 00:32:15.545

We can improve morale, engagement and focus, um,

636

00:32:16.165 --> 00:32:18.465

and we can improve people's overall

637

00:32:18.465 --> 00:32:19.745

wellbeing in the workplace.

638

00:32:20.745 --> 00:32:23.245

Um, we can strengthen community relations.

639

00:32:23.385 --> 00:32:26.325

So demonstrating commitment to social responsibility,

640

00:32:26.415 --> 00:32:29.005

again in the communities we live, work,

641

00:32:29.265 --> 00:32:32.645

and strive to, um, have real impact in.

642

00:32:32.985 --> 00:32:36.405

We can foster new partnerships and strengthen networks,

643

00:32:36.825 --> 00:32:38.565

and we can attract diverse talent.

644

00:32:39.065 --> 00:32:41.805

So all of these can lead to improved consumer outcomes.

645

00:32:44.255 --> 00:32:46.515

So now I just wanna introduce a little bit of work

646

00:32:46.515 --> 00:32:48.275

that Shatterproof is currently doing.

647

00:32:48.575 --> 00:32:50.275

We are partner partnering

648

00:32:50.275 --> 00:32:52.955

with an organization called the Center for Implementation.

649

00:32:53.295 --> 00:32:55.875

We have been partnering with them for about six months now

650

00:32:55.935 --> 00:32:58.915

to develop a theory of change, uh, for

651

00:32:59.135 --> 00:33:02.835

how addiction stigma can be reduced in the workplace.

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00:33:03.645 --> 00:33:06.505

So for those of you who might not be familiar, a theory

653

00:33:06.525 --> 00:33:10.545

of change is a methodology that helps organizations plan,

654  
00:33:10.735 --> 00:33:13.745  
implement, and evaluate initiatives that aim

655  
00:33:13.765 --> 00:33:16.425  
to create social and environmental change.

656  
00:33:17.165 --> 00:33:19.545  
And it's largely rooted in the evidence base.

657  
00:33:22.835 --> 00:33:25.575  
So one of the high level findings that has come out

658  
00:33:25.575 --> 00:33:29.695  
of this work is really underscoring the importance

659  
00:33:29.795 --> 00:33:32.255  
of assessing your readiness as a workplace

660  
00:33:32.435 --> 00:33:33.695  
to reduce addiction stigma.

661  
00:33:34.475 --> 00:33:37.895  
And through that, I want you to consider culture

662  
00:33:38.315 --> 00:33:42.955  
and policy concurrently, um, assessing your readiness.

663  
00:33:43.025 --> 00:33:44.475  
It's really important to remember

664  
00:33:44.475 --> 00:33:47.115  
that this can't be a check the box exercise.

665  
00:33:47.895 --> 00:33:48.995  
Uh, we need to be authentic

666  
00:33:49.135 --> 00:33:51.755  
and intentional about the change that we make

667  
00:33:51.755 --> 00:33:53.155  
or the policies we set forward.



668

00:33:53.975 --> 00:33:56.655

You need to think, does your culture promote

669

00:33:56.675 --> 00:33:58.455

and inclusive environment for people

670

00:33:58.455 --> 00:33:59.655

with substance use disorder?

671

00:34:00.155 --> 00:34:01.895

And do your policy support.

672

00:34:02.635 --> 00:34:07.575

Um, the, the helper continued support

673

00:34:07.605 --> 00:34:09.255

that someone with substance use disorder

674

00:34:09.515 --> 00:34:10.735

or someone who has a family member

675

00:34:10.735 --> 00:34:12.255

with substance use disorder might need.

676

00:34:13.445 --> 00:34:15.585

We work with, uh, employers

677

00:34:15.885 --> 00:34:18.825

and some employers, for example, have brought ideas

678

00:34:18.925 --> 00:34:21.825

to the table of, you know, let's go ahead

679

00:34:22.085 --> 00:34:26.665

and start a pathway program where we can link people

680

00:34:26.845 --> 00:34:28.745

who are coming out of residential treatment

681

00:34:29.945 --> 00:34:32.165

to a job at our organization.

682  
00:34:33.425 --> 00:34:36.685  
And the thing that I always wanna flag there is if your

683  
00:34:36.725 --> 00:34:40.205  
organization is not ready, um,

684  
00:34:40.305 --> 00:34:42.485  
if your culture is not ready,

685  
00:34:42.865 --> 00:34:44.725  
if your policies are not ready,

686  
00:34:45.265 --> 00:34:49.365  
you're actually doing more harm than good, um,

687  
00:34:49.665 --> 00:34:51.645  
by opening up that pathway.

688  
00:34:51.985 --> 00:34:54.325  
So you really need to assess readiness

689  
00:34:54.505 --> 00:34:57.805  
before jumping into large scale initiatives.

690  
00:34:59.525 --> 00:35:02.585  
So as we think about building compassionate organizational

691  
00:35:02.665 --> 00:35:06.665  
cultures, um, examples of stigma, reducing behaviors

692  
00:35:06.665 --> 00:35:09.945  
and actions that have come up in the research include build

693  
00:35:09.945 --> 00:35:12.945  
connection, create a supportive environment,

694  
00:35:13.485 --> 00:35:16.585  
and engage in non-discriminatory employment practices.

695  
00:35:16.605 --> 00:35:18.305  
And I'll dive into each of those next.

696

00:35:19.515 --> 00:35:21.455

So for example here, um,

697

00:35:21.725 --> 00:35:24.575

when we think about building connection, the thing

698

00:35:24.575 --> 00:35:27.135

that comes up a lot is this idea

699

00:35:27.135 --> 00:35:28.535

of happy hour in the workplace.

700

00:35:28.715 --> 00:35:30.975

So, uh, one of the things we talked about is

701

00:35:31.365 --> 00:35:33.175

what does it mean to have

702

00:35:33.635 --> 00:35:36.295

or include people with substance use disorder

703

00:35:36.635 --> 00:35:38.885

and workplace hosted social events?

704

00:35:39.465 --> 00:35:40.805

So some of the things

705

00:35:40.805 --> 00:35:43.165

that you can really consider always providing a

706

00:35:43.165 --> 00:35:47.575

non-alcoholic option, um, organize other activities

707

00:35:47.575 --> 00:35:49.255

that are not centered around alcohol.

708

00:35:49.255 --> 00:35:52.415

And you'll see that reflected on this flyer Shatterproof

709

00:35:52.485 --> 00:35:53.815

partnered with Hilton.

710  
00:35:54.395 --> 00:35:57.975  
Um, and one of the things that we work with them are like,

711  
00:35:58.045 --> 00:36:01.375  
what are the other ways that we can create new bonds

712  
00:36:01.375 --> 00:36:04.295  
with team members through this happy hour concept

713  
00:36:04.605 --> 00:36:06.535  
that are not focused around alcohol?

714  
00:36:06.795 --> 00:36:07.975  
And then just generally,

715  
00:36:08.195 --> 00:36:10.175  
how do we ensure we're promoting wellness

716  
00:36:10.515 --> 00:36:15.485  
as an organization broadly create a

717  
00:36:15.485 --> 00:36:16.485  
supportive environment.

718  
00:36:17.145 --> 00:36:20.565  
So creating opportunities to discuss substance use disorder.

719  
00:36:21.065 --> 00:36:23.805  
An option here that has come up, um, is

720  
00:36:24.685 --> 00:36:27.125  
creating an employee resource group for people

721  
00:36:27.385 --> 00:36:28.565  
who have substance use disorder

722  
00:36:28.585 --> 00:36:31.045  
or even allies of people who have substance use disorder.

723  
00:36:31.665 --> 00:36:34.525  
Um, adapting work culture

724

00:36:34.585 --> 00:36:36.565  
to normalize inclusion and accommodations.

725

00:36:37.125 --> 00:36:38.805  
Remember, let's go back to Caitlin's.

726

00:36:39.025 --> 00:36:43.265  
Um, her quote, she really talked about

727

00:36:43.925 --> 00:36:48.105  
the impact it had on her when her manager would not allow

728

00:36:48.105 --> 00:36:51.745  
her to, uh, adapt her hours for her

729

00:36:51.805 --> 00:36:54.105  
to receive her treatment for medication

730

00:36:54.105 --> 00:36:55.385  
for opioid use disorder.

731

00:36:55.815 --> 00:36:57.905  
This is something to really think about in terms

732

00:36:57.905 --> 00:37:01.545  
of are we ready to support the needs of somebody, um,

733

00:37:01.765 --> 00:37:03.865  
in substance use with substance use disorder

734

00:37:04.245 --> 00:37:06.425  
and potentially with that pathway of recovery

735

00:37:06.425 --> 00:37:07.665  
that they might be exploring.

736

00:37:08.895 --> 00:37:11.355  
And then at the other thing to highlight here is really

737

00:37:11.595 --> 00:37:13.515  
ensuring that managers are trained

738

00:37:14.135 --> 00:37:18.875

and educated, then also have the proper resources

739

00:37:19.015 --> 00:37:20.275

for affected employees.

740

00:37:20.505 --> 00:37:22.355

They can't just be trained

741

00:37:23.015 --> 00:37:25.755

and then have no place to direct employees

742

00:37:25.755 --> 00:37:27.835

who are impacted or disclose.

743

00:37:28.295 --> 00:37:32.035

Um, so really thinking about the full spectrum of what

744

00:37:32.035 --> 00:37:33.115

that support looks like.

745

00:37:35.775 --> 00:37:38.555

Engage in non-discriminatory employment practices.

746

00:37:39.255 --> 00:37:41.955

Um, the list here includes advocating

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00:37:41.975 --> 00:37:46.555

for change in company policy, um, that might include,

748

00:37:47.055 --> 00:37:50.075

you know, maintaining employment of people with SUD.

749

00:37:50.095 --> 00:37:51.995

So don't dismiss them when they disclose

750

00:37:52.135 --> 00:37:55.715

or if they need to go away for residential treatment.

751

00:37:56.145 --> 00:37:58.875

What does it look like to for them to be able

752

00:37:58.875 --> 00:38:00.715  
to financially provide for themselves

753

00:38:00.735 --> 00:38:02.675  
and their family during treatment that might,

754

00:38:03.165 --> 00:38:05.915  
might make you reconsider some of your benefits such

755

00:38:05.915 --> 00:38:09.875  
as insurance coverage, um, being open to hiring people

756

00:38:09.875 --> 00:38:14.035  
with history of SUD, um, having a plan for

757

00:38:14.175 --> 00:38:16.595  
how do you intentionally reintegrate employees

758

00:38:16.885 --> 00:38:19.315  
after they, um, come back from treatment.

759

00:38:19.615 --> 00:38:21.515  
And then making sure we're offering fair

760

00:38:21.515 --> 00:38:23.395  
and equitable opportunities for promotion

761

00:38:23.395 --> 00:38:24.715  
and upward mobility for people

762

00:38:24.775 --> 00:38:26.395  
who have substance use disorder.

763

00:38:29.005 --> 00:38:32.335  
Just a little bit more on compassionate organizations is we

764

00:38:32.335 --> 00:38:33.615  
really need to understand that it starts

765

00:38:33.615 --> 00:38:34.735  
with leadership commitment.

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00:38:35.185 --> 00:38:36.405

Um, while leaders not,

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00:38:36.425 --> 00:38:41.405

are not always the most influential in organization, um,

768

00:38:41.955 --> 00:38:44.045

they should model compassionate behavior

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00:38:44.545 --> 00:38:47.565

and they should also feel comfortable openly discussing

770

00:38:47.565 --> 00:38:50.045

mental health and addiction, when and where appropriate.

771

00:38:50.465 --> 00:38:52.965

Um, that really helps set the tone

772

00:38:53.065 --> 00:38:54.565

for the rest of the organization.

773

00:38:55.385 --> 00:38:58.605

Uh, providing education on addiction and stigma.

774

00:38:58.975 --> 00:39:03.685

Again, really centering, um, the experiences of, of people

775

00:39:03.755 --> 00:39:07.325

with substance use disorder, um, whether that's a workshop

776

00:39:07.325 --> 00:39:09.925

or lunch and learn and really trying to, uh,

777

00:39:09.925 --> 00:39:13.125

correct common misconceptions around substance use disorder.

778

00:39:13.665 --> 00:39:15.125

And then manager trainings,

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00:39:15.125 --> 00:39:17.285

which we talked about briefly in the last slide.



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00:39:17.665 --> 00:39:19.485

Um, there's many different trainings

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00:39:19.555 --> 00:39:24.005

that can be complimentary, um, for a manager just generally

782

00:39:24.065 --> 00:39:25.605

to be a supportive and good manager.

783

00:39:25.835 --> 00:39:29.165

Then also as we think specifically to supporting a, um,

784

00:39:29.885 --> 00:39:31.365

employee who has substance use disorder.

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00:39:31.425 --> 00:39:34.565

So that might look like communication skills sensitivity,

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00:39:34.845 --> 00:39:37.485

training activity or active listening.

787

00:39:37.905 --> 00:39:40.885

Um, but then also how do you identify substance

788

00:39:40.885 --> 00:39:42.205

use disorder in the workplace?

789

00:39:42.745 --> 00:39:44.525

How do you have difficult conversations?

790

00:39:44.625 --> 00:39:46.605

And then what are the available resources?

791

00:39:49.015 --> 00:39:51.235

The next thing I wanna talk about is identifying addressing

792

00:39:51.415 --> 00:39:52.755

com compassion fatigue.

793

00:39:53.215 --> 00:39:55.195

And let's start with what is compassion fatigue?

794

00:39:55.775 --> 00:39:58.955

Uh, compassion fatigue is a state of mental

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00:39:58.975 --> 00:40:01.075

and physical exhaustion, uh,

796

00:40:01.075 --> 00:40:02.715

that can occur when someone is helping people

797

00:40:02.775 --> 00:40:05.275

who are experiencing trauma or emotional distress.

798

00:40:06.575 --> 00:40:10.675

The thing that I really want to emphasize here is that

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00:40:11.705 --> 00:40:14.635

when someone is experiencing compassion fatigue,

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00:40:15.585 --> 00:40:18.845

it impacts both the people they are interacting

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00:40:18.845 --> 00:40:20.325

with and themselves.

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00:40:20.465 --> 00:40:23.525

And that's really important to, um, be cognizant of.

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00:40:23.985 --> 00:40:26.045

So when someone has compassion fatigue,

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00:40:26.115 --> 00:40:28.525

they have reduced empathy for the person

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00:40:28.755 --> 00:40:31.405

that they're interacting with that can, um,

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00:40:32.265 --> 00:40:35.565

really close down doors for people who are seeking help.

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00:40:36.065 --> 00:40:39.685

And then on the flip side of that, people can also start to,

808  
00:40:39.945 --> 00:40:43.965  
um, demonstrate physical symptoms from compassion fatigue.

809  
00:40:45.475 --> 00:40:48.215  
We see that's very commonly in the healthcare

810  
00:40:48.215 --> 00:40:49.335  
professional field.

811  
00:40:49.875 --> 00:40:52.615  
Um, and then I wanted to really emphasize that again,

812  
00:40:52.635 --> 00:40:56.335  
we oversampled our healthcare professionals on 2021

813  
00:40:56.335 --> 00:41:00.735  
and 2024 for our shatterproof Addiction Stigma Index 2024.

814  
00:41:00.875 --> 00:41:02.815  
We saw that 62%

815  
00:41:02.835 --> 00:41:05.375  
of healthcare professionals did not believe a person

816  
00:41:05.375 --> 00:41:08.775  
with SUD is experiencing a chronic medical illness like

817  
00:41:09.135 --> 00:41:10.775  
diabetes, arthritis, or heart disease.

818  
00:41:11.875 --> 00:41:14.095  
We also saw that 40% believe

819  
00:41:14.095 --> 00:41:16.535  
that MOUD is treating one drug for another.

820  
00:41:17.315 --> 00:41:19.935  
So you can see how that can be problematic.

821  
00:41:20.515 --> 00:41:23.775  
Um, that 40% of healthcare professionals

822

00:41:24.275 --> 00:41:28.255

who are in positions of, you know, prescribing

823

00:41:28.255 --> 00:41:32.875

or providing people options for pathways to recovery hold,

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00:41:33.215 --> 00:41:34.395

um, this negative view

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00:41:34.395 --> 00:41:37.155

or negative attitude towards this drug, which,

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00:41:37.165 --> 00:41:40.275

which could lead to, um, decreased, um,

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00:41:40.595 --> 00:41:41.595

prescribing practices.

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00:41:42.135 --> 00:41:45.155

Um, and then again, it's a thing I like to just say is,

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00:41:45.175 --> 00:41:46.805

you know, a lot

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00:41:46.805 --> 00:41:48.245

of healthcare professionals are seeing people

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00:41:48.245 --> 00:41:50.965

with substance uses what are, depending on, uh,

832

00:41:50.965 --> 00:41:54.165

where they work, whether that's the emergency room, um,

833

00:41:54.235 --> 00:41:57.725

they could be seeing people, um, on the lowest of lows

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00:41:58.265 --> 00:42:01.845

and that can also shape their lived experience

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00:42:02.425 --> 00:42:06.125

and reinforce, uh, negative attitudes and beliefs.

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00:42:06.125 --> 00:42:07.725

So that's something that we need to be aware of.

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00:42:09.265 --> 00:42:12.565

So we wanna really ensure that people are recognizing,

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00:42:12.565 --> 00:42:14.125

acknowledging compassion fatigue.

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00:42:14.275 --> 00:42:17.925

It's really important to do that, you know, um, reflection

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00:42:18.545 --> 00:42:21.045

to understand that that might be something

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00:42:21.045 --> 00:42:25.085

that is playing a factor in how you are, uh, dealing

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00:42:25.085 --> 00:42:26.685

with people with substance use disorder

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00:42:26.685 --> 00:42:28.085

or thinking about them.

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00:42:28.915 --> 00:42:30.805

Provide access to mental health.

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00:42:31.205 --> 00:42:34.245

Re mental health resources to your, um,

846

00:42:34.645 --> 00:42:37.805

employees is really important, especially as they interact

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00:42:38.075 --> 00:42:41.605

with, um, you know, any type of population

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00:42:41.915 --> 00:42:46.485

that has is sharing any type of traumatic, um, experiences.

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00:42:47.395 --> 00:42:50.525

Encourage regular self-care and work-life balance.

850  
00:42:51.185 --> 00:42:53.885  
You can implement organizational changes to reduce stress.

851  
00:42:54.265 --> 00:42:55.525  
So that could be man, uh,

852  
00:42:55.525 --> 00:42:57.125  
making sure workloads are manageable,

853  
00:42:57.465 --> 00:43:00.565  
making sure expectations are clear, as well

854  
00:43:00.565 --> 00:43:02.405  
as boundaries and rotating duties.

855  
00:43:02.865 --> 00:43:04.765  
And then again, back to benefits.

856  
00:43:04.825 --> 00:43:07.285  
You need to evaluate and adjust benefits regularly.

857  
00:43:07.505 --> 00:43:11.645  
Are these benefits really able to support, um,

858  
00:43:12.185 --> 00:43:14.925  
the workforce that we are trying to attract and retain?

859  
00:43:19.985 --> 00:43:21.525  
And then last but not least,

860  
00:43:22.265 --> 00:43:23.485  
how do you exemplify your

861  
00:43:23.485 --> 00:43:25.365  
organization's contributions to community?

862  
00:43:25.945 --> 00:43:29.005  
So some of the options here is publicly advocating

863  
00:43:29.005 --> 00:43:30.725  
for addiction education awareness.

864

00:43:31.425 --> 00:43:34.165

Um, again, starting in home is always best.

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00:43:34.275 --> 00:43:36.485

Make sure that you're doing the practice

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00:43:36.485 --> 00:43:39.805

before you're going out externally to implement practices,

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00:43:40.195 --> 00:43:42.205

support, local recovery initiatives

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00:43:42.225 --> 00:43:43.445

and harm reduction efforts.

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00:43:44.885 --> 00:43:47.405

Champion policy change and partnership with policy.

870

00:43:47.945 --> 00:43:49.845

Policy makers and advocacy groups

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00:43:51.095 --> 00:43:54.125

offer family focused programs, um, support

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00:43:54.145 --> 00:43:55.245

and employee assistance.

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00:43:55.245 --> 00:43:57.565

And the thing that I wanna, you know, take a time

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00:43:57.585 --> 00:44:01.925

to underscore here again, is that 54% of people say

875

00:44:01.925 --> 00:44:03.685

that they know someone with a substance use disorder.

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00:44:05.005 --> 00:44:07.535

It's not always the employee themselves

877

00:44:08.115 --> 00:44:09.975

who has a substance use disorder.

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00:44:10.125 --> 00:44:12.095

They might be helping a family member

879

00:44:12.235 --> 00:44:15.015

or a friend navigate a substance use disorder.

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00:44:15.805 --> 00:44:16.935

Some research shows

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00:44:16.965 --> 00:44:19.455

that family members' healthcare costs rise

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00:44:19.955 --> 00:44:22.855

by about 31% on average when their loved one develops

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00:44:22.895 --> 00:44:24.015

a substance use disorder.

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00:44:24.385 --> 00:44:27.935

These higher costs are attributed to new stress related

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00:44:27.935 --> 00:44:30.455

to physical and behavioral health conditions.

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00:44:30.875 --> 00:44:34.965

So again, it's important to focus on the whole family unit

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00:44:35.385 --> 00:44:38.245

and not just the person who might have the diagnosis

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00:44:38.245 --> 00:44:39.485

of a substance use disorder.

889

00:44:40.105 --> 00:44:41.445

Um, you can use your marketing

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00:44:41.445 --> 00:44:43.525

and media strategy to reduce stigma

891

00:44:43.825 --> 00:44:46.605

and, um, you can also partner with influencers



892

00:44:46.785 --> 00:44:48.085  
and other community partners

893

00:44:48.085 --> 00:44:50.205  
and organizations doing this work, um,

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00:44:50.305 --> 00:44:52.605  
to really join in the collective action

895

00:44:53.185 --> 00:44:55.485  
to reduce stigma across this country.

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00:44:56.225 --> 00:44:57.845  
So I'll leave you with substance use

897

00:44:58.045 --> 00:44:59.285  
disorder does not discriminate.

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00:44:59.825 --> 00:45:01.565  
It impacts friends, families,

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00:45:01.925 --> 00:45:03.765  
coworkers directly and indirectly.

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00:45:03.985 --> 00:45:06.805  
And it is our responsibilities, members of our communities

901

00:45:06.805 --> 00:45:09.965  
as an employers to play an active role in addressing stigma.

902

00:45:12.165 --> 00:45:16.185  
If you would like to read the 2024 SSE report, um,

903

00:45:16.185 --> 00:45:18.025  
like there's a QR code on the left.

904

00:45:18.185 --> 00:45:19.945  
I know Corey will be sharing these out

905

00:45:19.955 --> 00:45:21.305  
after, uh, the webinar.

906  
00:45:21.765 --> 00:45:24.505  
And then on the right there's a QR code that will direct you

907  
00:45:24.505 --> 00:45:27.905  
to some resources on shutter proof's website, um,

908  
00:45:27.905 --> 00:45:29.545  
where you can, uh, learn more

909  
00:45:29.685 --> 00:45:32.665  
but also, you know, maybe bring some resources over

910  
00:45:32.685 --> 00:45:33.785  
to your organization.

911  
00:45:34.445 --> 00:45:37.625  
Um, with that, I thank you all for their time today

912  
00:45:37.685 --> 00:45:40.905  
and I'm gonna pass it back, um, to Corey and team.

913  
00:45:45.425 --> 00:45:46.615  
Thank you so much, Courtney.

914  
00:45:46.725 --> 00:45:49.495  
That was, uh, an impressive body of work

915  
00:45:49.755 --> 00:45:52.415  
and certainly brought up a lot of questions

916  
00:45:52.875 --> 00:45:56.455  
and I would like to encourage our audience to ask questions.

917  
00:45:57.555 --> 00:46:00.855  
We do have one audience question to start us off.

918  
00:46:02.525 --> 00:46:05.385  
The question is, is Shatterproof doing any specific

919  
00:46:05.385 --> 00:46:08.625  
assessment of structural racism,

920

00:46:08.625 --> 00:46:10.105  
especially in healthcare settings

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00:46:10.985 --> 00:46:14.775  
where racism can keep doctors from prescribing MOUD?

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00:46:18.605 --> 00:46:20.815  
That is a a great point, right?

923

00:46:20.995 --> 00:46:24.335  
We know, uh, that research shows, um, that

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00:46:25.065 --> 00:46:28.495  
white men are prescribed, uh, much higher rates

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00:46:28.595 --> 00:46:31.815  
and there are black counterparts, um, medications

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00:46:31.875 --> 00:46:33.215  
for opioid use disorder.

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00:46:33.595 --> 00:46:36.975  
Um, so we definitely know, right, that that is,

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00:46:37.565 --> 00:46:39.375  
this is all very complex and nuanced.

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00:46:39.375 --> 00:46:41.735  
I'll go back to that slide where we talked about, um,

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00:46:41.735 --> 00:46:43.095  
multidimensional identities, right?

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00:46:43.435 --> 00:46:46.935  
We also know that stigma is compounded depending on the

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00:46:46.935 --> 00:46:48.775  
types of hats that you wear on your identity.

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00:46:49.035 --> 00:46:51.735  
So Shatterproof is very aware of that,

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00:46:51.835 --> 00:46:55.735

and that's why we try to do as what we can, um,

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00:46:55.835 --> 00:46:58.695

to really use that sassy data, disaggregate that data

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00:46:58.915 --> 00:47:02.695

by race and ethnicity when possible to ensure that we are,

937

00:47:03.175 --> 00:47:06.135

A lot of our work right now is around messaging campaigns.

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00:47:06.845 --> 00:47:09.935

Messaging resonates differently with different races, right?

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00:47:10.155 --> 00:47:12.695

So we wanna make sure we're tailoring those strategies

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00:47:12.755 --> 00:47:14.055

as best as possible.

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00:47:14.435 --> 00:47:17.655

Um, so while we're not, we're to the question directly,

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00:47:17.655 --> 00:47:19.095

we're not doing that directly,

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00:47:19.315 --> 00:47:22.175

but we're definitely looking to partner, um,

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00:47:22.445 --> 00:47:23.735

with other organizations

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00:47:23.735 --> 00:47:25.095

because we know that

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00:47:25.095 --> 00:47:27.215

that is also a driver of this issue as well.

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00:47:28.695 --> 00:47:33.335

Thank you. Um, I don't see any other audience questions,

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00:47:33.355 --> 00:47:35.215  
so that means I get to ask questions.

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00:47:36.275 --> 00:47:39.495  
So, um, one of the things I was curious about is

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00:47:40.805 --> 00:47:43.095  
what surprised you in the findings?

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00:47:45.205 --> 00:47:48.295  
Yeah, what surprised me in the findings,

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00:47:48.295 --> 00:47:51.135  
which is something that we really didn't

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00:47:51.565 --> 00:47:52.935  
elevate much this year.

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00:47:53.515 --> 00:47:58.015  
Um, the same again, it's meant to be a,

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00:47:58.555 --> 00:48:01.495  
um, mechanism to hold this nation accountable to change.

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00:48:01.915 --> 00:48:03.895  
We know societies change slowly.

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00:48:04.435 --> 00:48:07.055  
Um, there's still stigma in the HIV community,

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00:48:07.055 --> 00:48:09.095  
there's still stigma around same-sex marriage

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00:48:09.235 --> 00:48:10.255  
and these are movements

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00:48:10.285 --> 00:48:12.215  
that have been going on for decades, right?

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00:48:12.275 --> 00:48:13.335  
So this is just something

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00:48:13.335 --> 00:48:15.415

that we know we're in it for the long haul.

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00:48:16.245 --> 00:48:18.685

Um, so with that,

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00:48:19.065 --> 00:48:21.325

having done this assessment in 2021

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00:48:21.385 --> 00:48:25.285

and then repeating it in 2024, we didn't really expect

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00:48:25.435 --> 00:48:28.965

that there would be any real significant change over time.

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00:48:29.625 --> 00:48:30.845

Um, we didn't expect

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00:48:30.955 --> 00:48:34.045

that stigma would really move one way or the other.

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00:48:34.705 --> 00:48:37.885

So we really were focusing on let's just continue

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00:48:37.885 --> 00:48:39.325

to raise awareness of this issue.

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00:48:39.915 --> 00:48:44.765

What we did see is that public stigma did get worse

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00:48:45.355 --> 00:48:47.685

from 2021 to 2024.

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00:48:48.185 --> 00:48:51.885

And I think the thing for me that that really, um,

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00:48:53.235 --> 00:48:56.445

kind of, you know, begs the question, all

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00:48:56.445 --> 00:48:58.365

of this money is going in,

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00:48:58.425 --> 00:49:00.765

all this opioid settlement dollars are going into

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00:49:00.935 --> 00:49:04.965

strategies, um, around the overdose crisis.

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00:49:05.745 --> 00:49:08.805

Stigma is something that needs to be addressed.

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00:49:08.805 --> 00:49:11.245

It is a critical driver and it needs to be addressed.

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00:49:12.725 --> 00:49:15.265

Are we using evidence-based practices?

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00:49:15.885 --> 00:49:18.105

Um, I'm not sure that we are.

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00:49:18.605 --> 00:49:21.745

And I want to continue, um, to

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00:49:22.335 --> 00:49:25.905

encourage partner organizations, community organizations

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00:49:26.325 --> 00:49:28.385

to just think really critically about

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00:49:28.565 --> 00:49:32.425

how we can best invest dollars to move the needle.

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00:49:32.885 --> 00:49:35.785

Um, I think sometimes it feels super tangible

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00:49:36.085 --> 00:49:39.785

and just easy to throw money into things like, you know,

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00:49:41.005 --> 00:49:43.135

mass media messaging campaigns

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00:49:43.355 --> 00:49:46.255

or let's just buy a whole bunch of naloxone, right?

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00:49:46.555 --> 00:49:49.215

But also, like even with purchasing Naloxone,

991

00:49:49.885 --> 00:49:52.705

people also need to be willing to carry it.

992

00:49:52.775 --> 00:49:56.105

They also need to know how to, um, be able

993

00:49:56.105 --> 00:49:57.265

to identify an overdose.

994

00:49:57.335 --> 00:49:58.625

They need to know how to use it.

995

00:49:58.685 --> 00:50:02.145

So like there is a lot of wraparound that needs to happen

996

00:50:02.175 --> 00:50:03.305

with these strategies.

997

00:50:03.405 --> 00:50:06.665

So I think that was the most, um, eye-opening was like, wow,

998

00:50:07.165 --> 00:50:09.705

in three years we've actually have seen movement

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00:50:09.705 --> 00:50:10.825

in the wrong direction.

1000

00:50:11.405 --> 00:50:12.905

Um, we need to do better.

1001

00:50:14.575 --> 00:50:16.355

That's interesting. And I, I think it, I think

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00:50:16.355 --> 00:50:17.355

that is surprising.

1003

00:50:17.575 --> 00:50:22.135

And that brings me to the question of you referenced



1004

00:50:22.275 --> 00:50:24.535

how you can use the sass e as a pre

1005

00:50:24.535 --> 00:50:28.275

and post where you can sort of evaluate where you are

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00:50:28.695 --> 00:50:32.155

and use some strategies and see if you can improve.

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00:50:33.015 --> 00:50:35.155

And I was curious if you did

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00:50:35.155 --> 00:50:37.715

that within your own organization, within Shatterproof.

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00:50:37.855 --> 00:50:40.195

Did you launch some things, see

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00:50:40.195 --> 00:50:41.675

how it worked and what was that like?

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00:50:42.815 --> 00:50:45.065

Yeah, of course. So that's actually,

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00:50:45.165 --> 00:50:47.145

so the Shatterproof Addiction Stigma Index,

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00:50:47.285 --> 00:50:49.185

the baseline went out in 2021.

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00:50:49.645 --> 00:50:53.505

Um, we were able to kick off a, uh,

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00:50:53.575 --> 00:50:57.705

statewide intervention with, um, Kentucky and,

1016

00:50:57.845 --> 00:51:01.785

and I would say around the same time, uh, late 2021.

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00:51:02.365 --> 00:51:05.345

So we did the Shatterproof Stigma Index

1018

00:51:05.445 --> 00:51:06.745  
as a baseline in Kentucky.

1019

00:51:07.255 --> 00:51:09.985  
That was, that gave us the information we needed

1020

00:51:10.325 --> 00:51:13.065  
to tailor our strategy to that specific population,

1021

00:51:13.535 --> 00:51:16.545  
what messages needed to be needed to be heard where,

1022

00:51:17.085 --> 00:51:19.865  
and who needed to be the messenger of those messages, right?

1023

00:51:20.605 --> 00:51:24.185  
Um, and then after 12 months of an active campaign,

1024

00:51:24.485 --> 00:51:28.505  
we were able to go back refill the SSE with, um,

1025

00:51:29.385 --> 00:51:30.625  
campaign awareness questions.

1026

00:51:30.885 --> 00:51:33.865  
So we were able to disaggregate our data by people

1027

00:51:33.865 --> 00:51:35.505  
who said they were aware of the campaign

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00:51:35.525 --> 00:51:37.425  
and people who were not aware of the campaign.

1029

00:51:37.765 --> 00:51:40.945  
And we were able to see statistically significant decreases

1030

00:51:41.365 --> 00:51:44.305  
across public stigma, um, medication

1031

00:51:44.305 --> 00:51:45.825  
for opioid use disorder stigma.

1032  
00:51:46.205 --> 00:51:49.105  
And then we also saw increases in knowledge around Medica,

1033  
00:51:49.105 --> 00:51:52.185  
um, around Naloxone, um, willing, uh, ability

1034  
00:51:52.205 --> 00:51:54.105  
to find quality treatment in the state.

1035  
00:51:54.285 --> 00:51:56.305  
So yes, we, we definitely actively use it

1036  
00:51:56.305 --> 00:51:57.305  
as an organization.

1037  
00:51:57.965 --> 00:52:01.545  
Um, and we're trying to get others to adopt it as well.

1038  
00:52:01.655 --> 00:52:03.625  
It's currently the full, um,

1039  
00:52:04.065 --> 00:52:05.785  
questionnaires available up on our site.

1040  
00:52:06.005 --> 00:52:08.945  
We encourage other people to use it as well so that we, um,

1041  
00:52:09.405 --> 00:52:11.105  
can kind of all get on the same page, use it

1042  
00:52:11.105 --> 00:52:12.345  
as a gold standard of measurement.

1043  
00:52:13.415 --> 00:52:16.045  
Thank you. And that, that brings me to one

1044  
00:52:16.045 --> 00:52:18.565  
of the questions that we talked about before, uh,

1045  
00:52:18.625 --> 00:52:20.125  
before the session today,

1046  
00:52:20.575 --> 00:52:23.285  
which is our listeners are primarily healthcare

1047  
00:52:23.355 --> 00:52:26.085  
organizations and many of them are

1048  
00:52:26.735 --> 00:52:29.245  
developing integrated care strategies.

1049  
00:52:29.625 --> 00:52:32.405  
So maybe for the first time in the organization's history,

1050  
00:52:32.995 --> 00:52:37.045  
they have, um, employees who have backgrounds that are,

1051  
00:52:38.195 --> 00:52:40.525  
that are in different fields than they've had before.

1052  
00:52:40.665 --> 00:52:42.845  
So maybe they have primary care doctors,

1053  
00:52:42.895 --> 00:52:46.285  
maybe they have nurses in a, an organization

1054  
00:52:46.285 --> 00:52:47.965  
that was primarily behavioral healthcare,

1055  
00:52:48.745 --> 00:52:52.485  
and then maybe they're adding in, um, SUD services,

1056  
00:52:52.955 --> 00:52:56.285  
they have more, uh, more interesting co-occurring.

1057  
00:52:56.945 --> 00:52:58.325  
And so when I think about that,

1058  
00:52:58.785 --> 00:53:01.485  
and I think about what you referenced in terms of

1059  
00:53:03.485 --> 00:53:06.985  
who is effective to bring messages to whom,

1060

00:53:07.685 --> 00:53:10.025  
and in thinking about the folks

1061

00:53:10.025 --> 00:53:12.145  
with those different professional backgrounds,

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00:53:12.525 --> 00:53:17.155  
do you have any advice for our listeners about how to, um,

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00:53:17.415 --> 00:53:19.555  
how to approach that within that organization

1064

00:53:19.895 --> 00:53:21.835  
and those different types

1065

00:53:21.855 --> 00:53:23.555  
of professional employees they might have?

1066

00:53:24.785 --> 00:53:28.525  
Yeah, I think the thing that I would say there is one,

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00:53:28.765 --> 00:53:30.725  
I am a huge advocate

1068

00:53:30.865 --> 00:53:34.405  
for peer support specialists being part of care teams.

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00:53:35.105 --> 00:53:39.085  
Um, it really is very different to have someone who,

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00:53:39.085 --> 00:53:40.365  
like Caitlyn said, who can say,

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00:53:40.365 --> 00:53:41.525  
I've been there, I've done that.

1072

00:53:41.545 --> 00:53:45.285  
And, um, kind of holds someone's hand, uh, you know,

1073

00:53:45.285 --> 00:53:48.045  
when they're ready to take the next step in their, you know,

1074

00:53:48.445 --> 00:53:50.125

whatever their recovery journey may look like.

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00:53:50.545 --> 00:53:53.085

Um, so I think that is really important, um, that

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00:53:53.085 --> 00:53:54.885

that is integrated into these teams.

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00:53:55.465 --> 00:53:58.645

And then I also wanna say too, that the education

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00:53:59.115 --> 00:54:02.565

that is needed is needed across all

1079

00:54:03.175 --> 00:54:04.645

dimensions of these teams.

1080

00:54:04.785 --> 00:54:06.165

And when I say all dimensions,

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00:54:06.645 --> 00:54:08.685

I even mean the person at the front desk.

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00:54:09.405 --> 00:54:12.605

I mean the person who might be the custodian.

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00:54:12.885 --> 00:54:17.285

I mean, any person who has an opportunity to interact

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00:54:17.515 --> 00:54:19.005

with someone who is ready

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00:54:19.065 --> 00:54:20.485

and coming in to take

1086

00:54:20.645 --> 00:54:22.805

that next step in their recovery process.

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00:54:24.025 --> 00:54:27.365

Um, people need to be ready to be able to have those

1088  
00:54:28.245 --> 00:54:30.965  
informed and compassionate conversations with that person

1089  
00:54:31.105 --> 00:54:32.365  
and meet them where they're at.

1090  
00:54:32.905 --> 00:54:36.485  
Um, I've heard too often about people, again,

1091  
00:54:36.955 --> 00:54:39.565  
it's sometimes it's not even the doctor, it is just like

1092  
00:54:39.955 --> 00:54:42.485  
that one person that they had interaction, which is so bad.

1093  
00:54:42.755 --> 00:54:44.725  
That was so bad and it was so uninformed

1094  
00:54:44.725 --> 00:54:45.725  
and so uneducated

1095  
00:54:45.955 --> 00:54:48.205  
that the person just took off out the door, right?

1096  
00:54:48.585 --> 00:54:50.485  
So we just really need to think about

1097  
00:54:50.705 --> 00:54:53.565  
how are we holistically making compassionate organizations,

1098  
00:54:53.825 --> 00:54:56.805  
um, and it includes everyone from no matter the hierarchy.

1099  
00:54:58.115 --> 00:55:01.745  
Thank you. I think one of the things that that brings

1100  
00:55:01.745 --> 00:55:04.345  
to mind for me also is, um,

1101  
00:55:04.485 --> 00:55:07.825  
you made a reference earlier when you were speaking about

1102  
00:55:08.665 --> 00:55:12.745  
communications and, and that, um, kind of initial assessment

1103  
00:55:12.845 --> 00:55:16.425  
and readiness to build in some of these strategies.

1104  
00:55:17.625 --> 00:55:22.175  
Are there things that you've decided, um,

1105  
00:55:23.145 --> 00:55:26.935  
contribute to worsening the culture, things that,

1106  
00:55:27.285 --> 00:55:30.815  
that you've found make things even worse?

1107  
00:55:32.565 --> 00:55:37.495  
Yeah, I think what I'll say to that is, um, kind

1108  
00:55:37.615 --> 00:55:39.455  
of goes back to something I said earlier is it just

1109  
00:55:39.455 --> 00:55:40.615  
can't be a check the box.

1110  
00:55:40.795 --> 00:55:43.575  
And like, I think we saw this a lot around covid

1111  
00:55:44.265 --> 00:55:47.295  
where everyone jumped on this health equity quick.

1112  
00:55:47.795 --> 00:55:51.935  
Um, this health equity kick, um, DEI, everyone was,

1113  
00:55:51.935 --> 00:55:54.055  
you know, I'm not gonna hire a chief diversity officer,

1114  
00:55:54.195 --> 00:55:55.495  
I'm gonna do all of these things.

1115  
00:55:55.995 --> 00:55:58.895  
But people were doing it at a lot, not everybody,



1116  
00:55:58.955 --> 00:56:00.495  
but some people were doing it for the wrong reasons.

1117  
00:56:00.565 --> 00:56:03.015  
They were doing it to check a box, they were doing it

1118  
00:56:03.015 --> 00:56:06.175  
to stay with the rest of the people, like up with the rest

1119  
00:56:06.175 --> 00:56:07.895  
of their companies, their peer organizations.

1120  
00:56:08.115 --> 00:56:09.215  
And now we're also seeing a lot

1121  
00:56:09.215 --> 00:56:11.335  
of people letting go those like those, oh,

1122  
00:56:11.335 --> 00:56:13.015  
it's not important anymore, let's get rid of it.

1123  
00:56:13.295 --> 00:56:16.735  
Right? So I think the thing is just being really

1124  
00:56:16.965 --> 00:56:18.375  
intentional and strategic.

1125  
00:56:18.565 --> 00:56:20.375  
Like you don't need to do everything at once.

1126  
00:56:20.715 --> 00:56:23.245  
And again, with that readiness assessment, I think it is,

1127  
00:56:23.905 --> 00:56:26.005  
that's something that has come out of our preliminary work

1128  
00:56:26.035 --> 00:56:30.285  
with TCI, is just that like, you just might be better suited

1129  
00:56:30.305 --> 00:56:32.885  
to start in one place in another, and that's okay.

1130

00:56:33.345 --> 00:56:35.605

You can't tackle everything at the same time.

1131

00:56:36.425 --> 00:56:40.245

Um, and yeah, and we're really excited.

1132

00:56:40.345 --> 00:56:42.885

The work with our, with TCI is going to continue,

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00:56:43.305 --> 00:56:44.485

um, into next year.

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00:56:44.775 --> 00:56:46.965

We're gonna start looking at what are some

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00:56:46.965 --> 00:56:50.165

of those strategies, what are some of those potentially like

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00:56:50.165 --> 00:56:52.525

what does that readiness assessment look like?

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00:56:52.825 --> 00:56:56.165

How can we help facilitate some of that with organizations,

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00:56:56.195 --> 00:56:59.485

whether by ourselves or with partner organizations.

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00:56:59.985 --> 00:57:02.045

Um, so I'm really excited we're doing some key informed

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00:57:02.045 --> 00:57:03.085

interviews right now,

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00:57:03.425 --> 00:57:06.165

but the other thing I will say is that we're finding is

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00:57:06.165 --> 00:57:08.645

that people do not wanna talk about this

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00:57:09.965 --> 00:57:12.285

substance use disorder is deeply entrenched stigma

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00:57:12.715 --> 00:57:13.805  
more so than mental health.

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00:57:14.385 --> 00:57:18.765  
Um, and we also need more organizations

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00:57:18.825 --> 00:57:20.525  
to be ready to talk about this.

1147

00:57:22.235 --> 00:57:24.825  
Thank you. And then you spoke to this a little bit,

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00:57:24.885 --> 00:57:27.105  
but where do you see this work going from here?

1149

00:57:28.645 --> 00:57:32.295  
Yeah, I'm, I can't say for sure, um,

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00:57:32.295 --> 00:57:34.775  
because, you know, we're still in the research

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00:57:34.875 --> 00:57:38.935  
and the design phase of what will the strategy look like

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00:57:38.955 --> 00:57:40.375  
for us as an organization,

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00:57:40.755 --> 00:57:43.775  
but I do know that we as a organization

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00:57:43.835 --> 00:57:46.535  
and as a department at the National Stigma Initiative really

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00:57:46.535 --> 00:57:48.335  
believe in the collective impact model.

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00:57:48.635 --> 00:57:50.135  
And we know that we can't do this alone.

1157

00:57:50.555 --> 00:57:53.135  
Um, so we're really excited about whatever we develop

1158  
00:57:53.135 --> 00:57:57.895  
with TCI, getting it into the hands of as many employers

1159  
00:57:58.315 --> 00:58:01.695  
as organizations as possible to start those conversations,

1160  
00:58:02.115 --> 00:58:04.975  
um, and to start putting some, you know, evidence-based

1161  
00:58:05.535 --> 00:58:07.055  
practices into, into play.

1162  
00:58:07.235 --> 00:58:08.855  
So, um, yes,

1163  
00:58:08.855 --> 00:58:10.015  
and then shatterproof also,

1164  
00:58:10.015 --> 00:58:11.055  
we're doing our own work internally.

1165  
00:58:11.515 --> 00:58:14.455  
Um, we're, we're, we're working right now to do some, um,

1166  
00:58:15.295 --> 00:58:16.575  
examining of our own policies.

1167  
00:58:16.635 --> 00:58:19.695  
Are we equipped, right, as someone who's going out there

1168  
00:58:20.115 --> 00:58:22.575  
as a leader in the field, are we doing the things

1169  
00:58:22.575 --> 00:58:25.935  
that we can be doing best to model, to be role models of

1170  
00:58:25.935 --> 00:58:28.175  
that behavior and those policies and that culture?

1171  
00:58:29.705 --> 00:58:31.855  
Thank you. Well, thank you for joining us today.

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00:58:32.075 --> 00:58:34.735

And it sounds like the place that, um,

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00:58:35.035 --> 00:58:38.495

our members should start is using that QR code

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00:58:38.555 --> 00:58:40.135

and taking a look at the ss e.

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00:58:40.755 --> 00:58:42.455

Any other final thoughts for them?

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00:58:44.385 --> 00:58:47.845

No, I just think that one, thank you so much

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00:58:47.905 --> 00:58:50.805

for allowing me to be here today and speak to everybody.

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00:58:51.305 --> 00:58:54.485

Um, and again, I think even if people start with the sassy

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00:58:54.905 --> 00:58:57.525

and start at what can they do as individuals,

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00:58:58.115 --> 00:59:00.245

that is the best next step that they can take.

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00:59:02.655 --> 00:59:05.005

Thank you so much. Thank you.

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00:59:06.675 --> 00:59:08.645

Well, Courtney, I also want to thank you.

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00:59:08.665 --> 00:59:10.925

You've done us a great favor and a service today.

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00:59:10.925 --> 00:59:12.525

Thank you for speaking to our crowd.

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00:59:12.615 --> 00:59:16.045

Karen, as always, we're great to have you on q and a

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00:59:16.045 --> 00:59:17.725

and I wanna thank everybody who joined us.

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00:59:17.845 --> 00:59:20.165

I also wanna remind everybody that the slides

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00:59:20.185 --> 00:59:22.310

and recording for this, this will be made available on the

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00:59:22.310 --> 00:59:23.845

Open Minds website starting tomorrow,

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00:59:24.505 --> 00:59:26.725

and that we invite you to join us next week, Thursday,

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00:59:26.965 --> 00:59:29.765

December 12th at 1:00 PM Eastern for value-based care

1192

00:59:29.865 --> 00:59:31.885

for consumers with behavioral health disorders.

1193

00:59:32.145 --> 00:59:35.715

The Sunshine Health Plan case Study register for that event,

1194

00:59:35.715 --> 00:59:37.555

or for a full list of upcoming round tables,

1195

00:59:37.555 --> 00:59:40.595

you can visit the executive Round tables page under the

1196

00:59:40.595 --> 00:59:42.115

executive education tab,

1197

00:59:42.465 --> 00:59:45.675

located@www.open minds.com.

1198

00:59:45.825 --> 00:59:48.195

Once again, Courtney, Karen, thank you very much.

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00:59:48.355 --> 00:59:51.355

I hope you both have a wonderful weekend. Thank you.