



The Power of Media

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**SHATTER
PROOF**



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What is Stigma?

Stigma is a mark of disgrace associated with a particular circumstance, quality, or person.

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

Public Stigma

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

Structural Stigma

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

Self-Stigma

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

Stigma Begins With...



What does this do to our communities? To our collective health and well-being?

The Shatterproof Addiction Stigma Index

In partnership with Drs. Brea Perry and Anne Krendl at IU and the global marketing firm Ipsos, Shatterproof developed and released the SASI, which:

- Is a **first-of-its-kind measurement tool** designed to assess attitudes about substance use and people who use substances from the public).
- Measures the **perceptions of those with SUD**, including the degree in which they have internalized this exclusion (self-stigma).

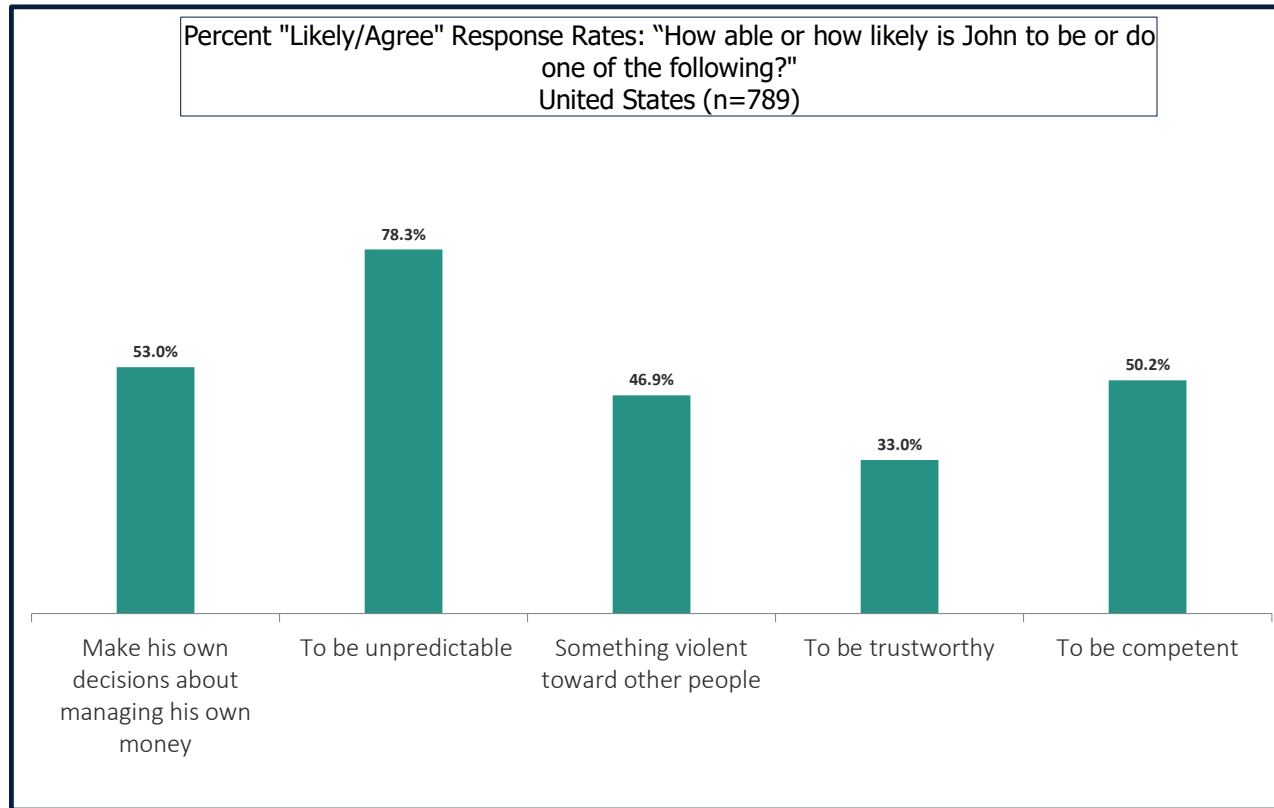
The Shatterproof Addiction Stigma Index

Utilizes indexes: an index is a measure of changes in a representative group of individual data points. The SASI consists of three stigma indices that measure public stigma, structural stigma, and self-stigma.

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

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

Traditional Prejudice





Shatterproof's Addiction Stigma Index Connecticut's Results

The Shatterproof Addiction Stigma Index – Connecticut 2022

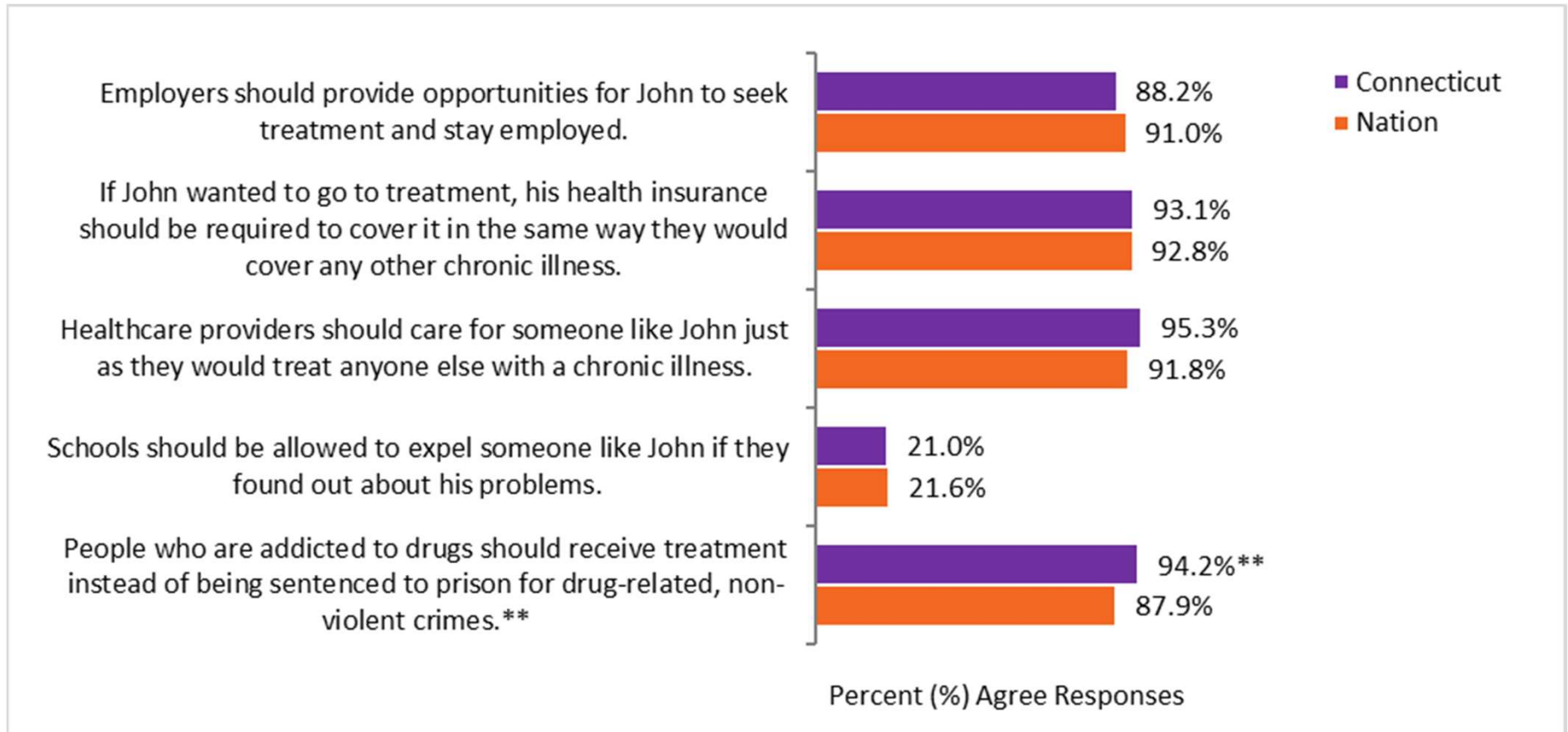
To determine perceptions of **opioid use disorder (OUD)** throughout the state, Connecticut residents aged 18 years and older were recruited using a probability-based web panel.

A representative sample of Connecticut residents responded. The probability-based sample design and weighting to Connecticut demographics allow us to **generalize findings to adult Connecticut residents.**

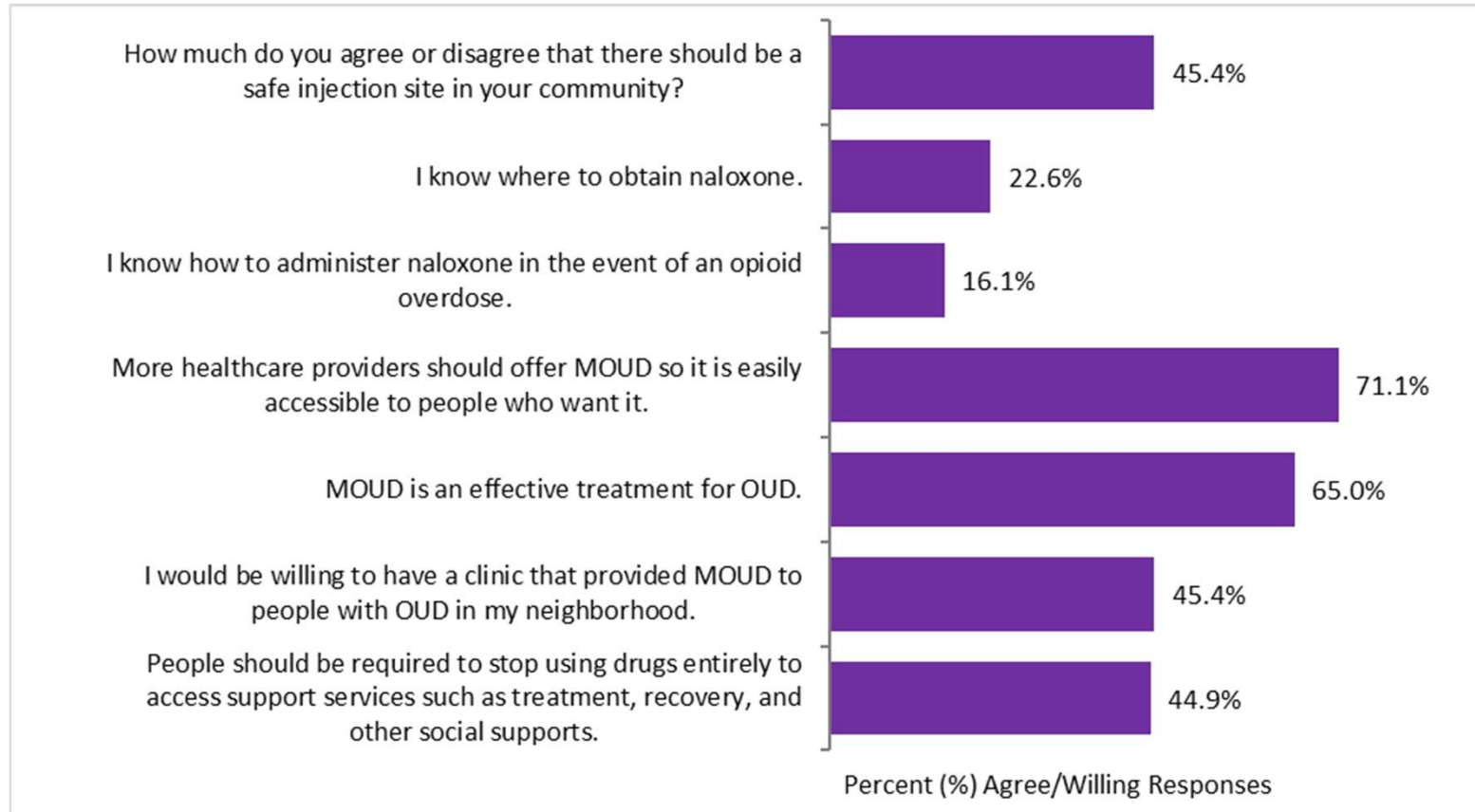
Key Findings – Public Stigma



Key Findings – Structural Stigma



Key Findings – MOUD and Naloxone

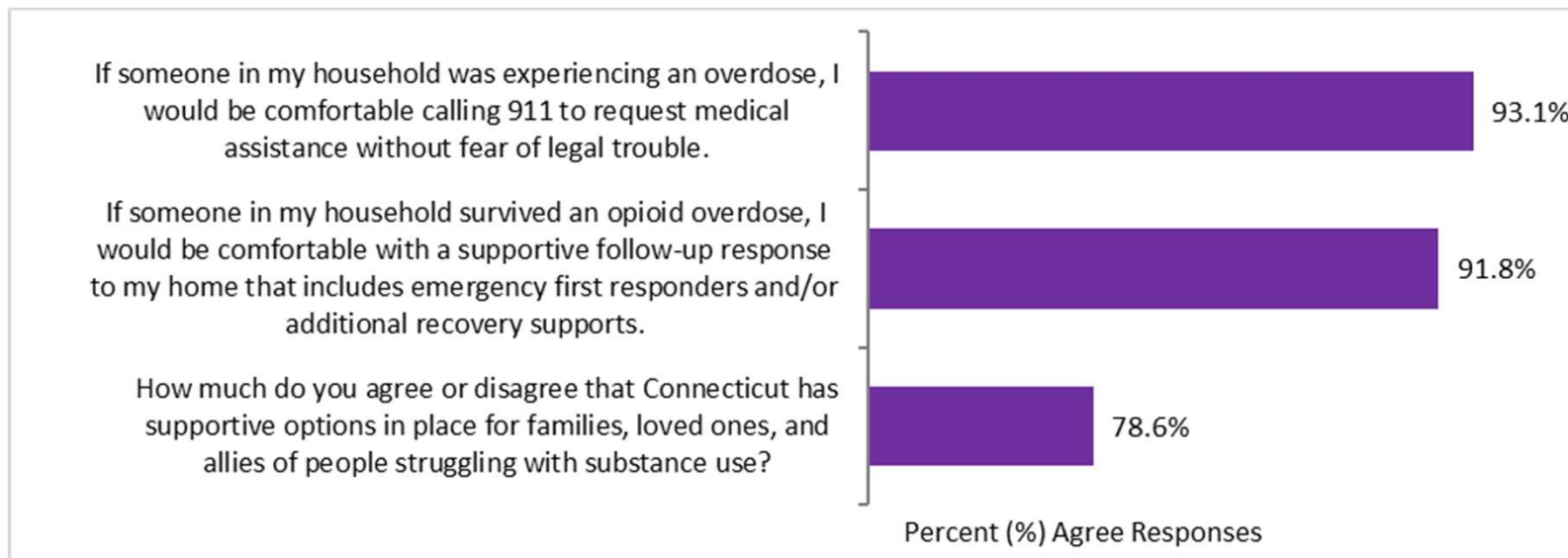


Key Findings – Self-Stigma

- Among respondents who indicated that they have a history of substance use disorder (SUD), **reports of self-stigma were relatively low**, though any internalized levels of shame can be a barrier to seeking help, treatment, and wellbeing.
- There were **higher levels of perceived and anticipated stigma**, which measure the prejudice and discrimination a person with SUD believe to exist in the world (e.g., people think I am worthless, if I share my history I will be discriminated against, etc.).
- This suggests that, while there might be relatively low levels of structural stigma, **this does not necessarily translate to lowered levels of self-, perceived, and anticipated levels of stigma, a barrier to disclosure and seeking help when needed.**

Key Findings – Connecticut’s Response

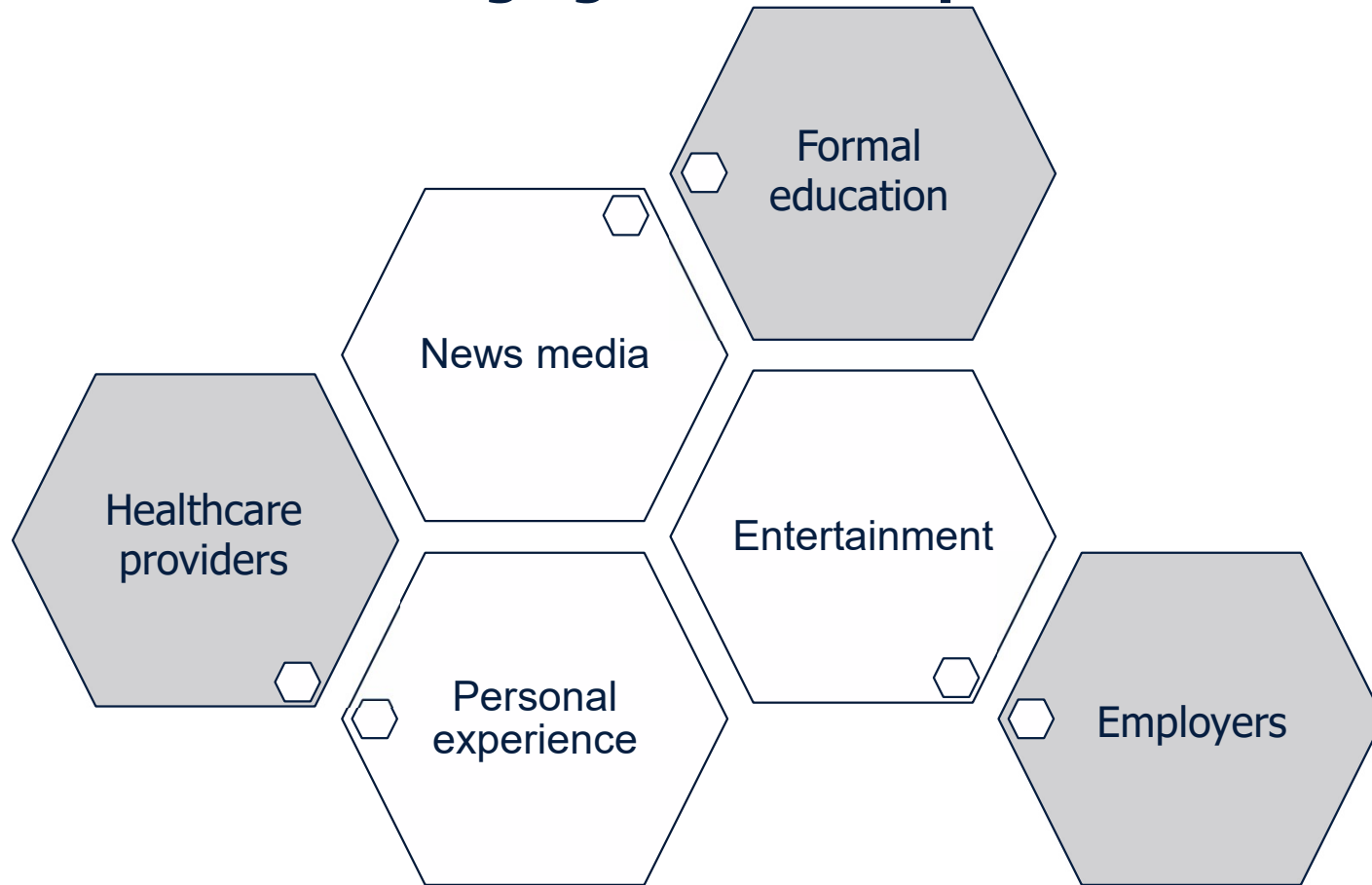
The majority of respondents agreed that they would be comfortable calling 911 to request medical assistance without fear of legal trouble and with a supportive follow-up response to their home that includes emergency first responders and/or additional recovery support. This is encouraging information, particularly given that the majority of respondents noted that Connecticut has supportive options in place for families, loved ones, and allies of people struggling with substance use.





Addiction Stigma and the Media

Where Do We Get Messaging and Develop Views on Substance Use?



An Example: Healthcare Providers

Shatterproof's Addiction Stigma Index identified the following:



65% of healthcare professionals falsely believe that **SUD is not a chronic disease.**



44% of healthcare professionals would be unwilling **to move next door** to someone with SUD, and **47%** would be unwilling to have a person with SUD **as a close friend.**



45% of healthcare professionals endorsed the harmful belief that use of **MOUD is substituting one drug for another.**

<https://www.shatterproof.org/sites/default/files/2021-10/Shatterproof%20Addiction%20Stigma%20Index%202021%20Report.pdf>

An Example: Healthcare Providers

- “Abuser,” “addict,” and “alcoholic” are frequently used within popular question banks.
- People with SUD perceived as manipulative, aggressive, rude and poorly motivated.
- Clinicians are more likely to say a patient is personally responsible for their illness and support punitive action as opposed to treatment when they’re framed as a “substance abuser”.
- Health professionals lacked adequate education, training, and support structures in working with this patient group.

<https://www.sciencedirect.com/science/article/abs/pii/S0376871613000677>; <https://link.springer.com/article/10.1007/s11606-017-4289-2>; <https://pubmed.ncbi.nlm.nih.gov/23490450/>

Media and Substance Use: What We Know

- Media influences how we think about addiction—in many cases, framing it in a criminal context or as a moral failing.
- Narratives are compounded by media convergence—wherein audiences receive similar topic messaging from multiple media sources.
- Several types of frames can influence public attitudes, including causal, solution, and consequence frames.
- Causal framing could affect who the public holds responsible.

Media and Substance Use: What We Know

1. An analysis of 6,399 news stories over a 10-year period found that 49% of news stories about the opioid epidemic used at least one stigmatizing term, and there was a six-point increase in the proportion of news stories using stigmatizing terms.
2. In another study, fewer than 5% of news stories mentioned expanding treatment for those with SUDs or expanding access to medications for SUDs.
3. Only one of three major media outlets studied significantly lowered its usage of stigmatizing terms in the years following the AP update (from 94% to 72%), while the other two outlets had no change.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0007758>; <https://www.sciencedirect.com/science/article/abs/pii/S0091743519300945?via%3Dihub>; <https://pubmed.ncbi.nlm.nih.gov/32348190/>

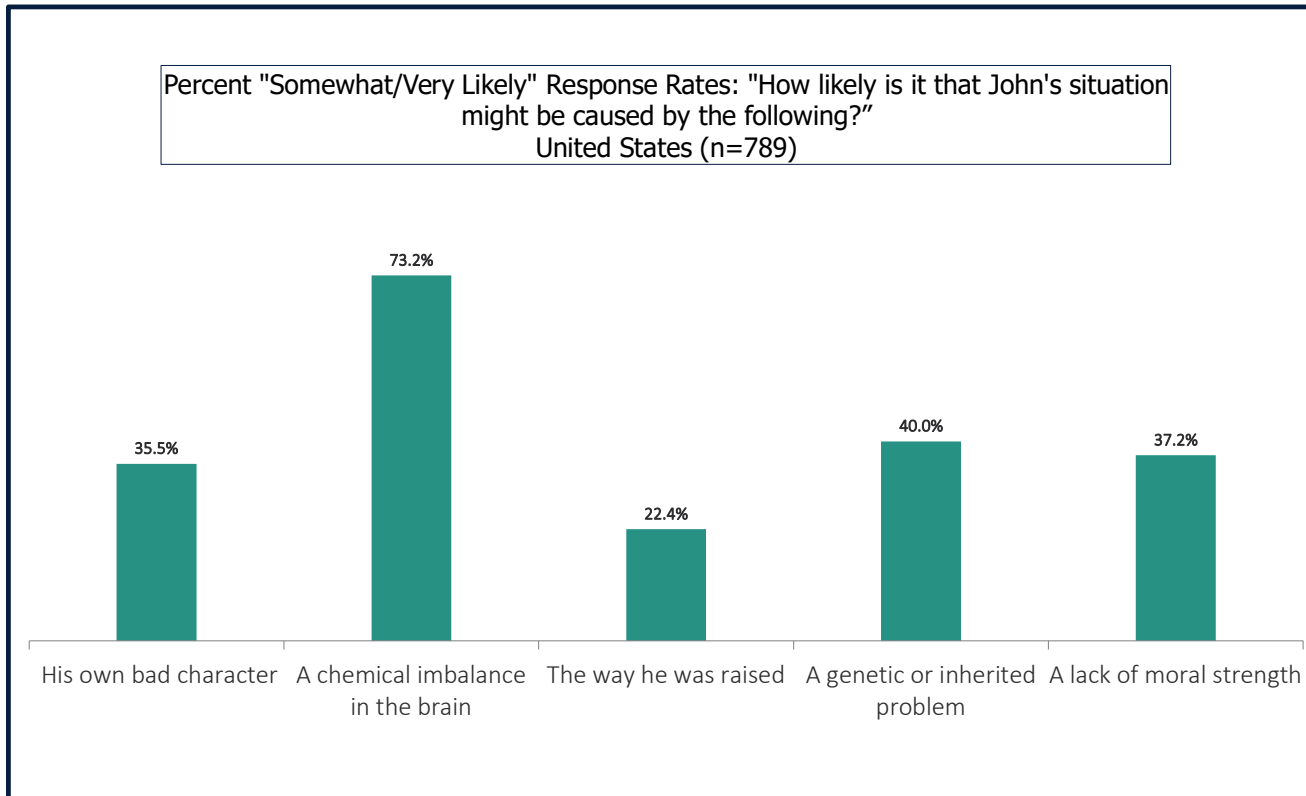
An Example: Criminal Activity or Treatable Health Condition?

McGinty et al, 2015

- From 1998 to 2012, the news media were more likely to frame opioid misuse as a criminal justice issue than as a treatable health condition.
- Solutions focused on law enforcement targeting illicit drug dealing as opposed to upstream or public health approaches.
- People with SUD were more often depicted as engaging in criminal activity than seeking or obtaining treatment.
- However, by 2010–2012, news stories mentioned the two categories of solutions with near-equal frequency.

<https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201500065>

Causal Attributions



<https://www.shatterproof.org/sites/default/files/2021-10/Shatterproof%20Addiction%20Stigma%20Index%202021%20Report.pdf>

Importance of Message Testing

- In some cases, the messages we thought would be less stigmatizing had the opposite effect.
- Berryessa and Krenzer (2020) showed that labeling SUD as a biological actually increased stigma against people with SUD – but also coexisted with increased community support.
- Stigma and reducing it is a complex, long terms process – message testing is critical – changing messaging doesn't always work the way we think it will!

Preliminary Message Testing Results

- Message wording has a significant effect on **choice message** agreement. On a scale of 1 to 4, respondents report higher agreement with the message, “people don’t choose [misuse],” compared to the message, “[misuse] is not a choice.”
- Message wording has a significant effect on two **medical message** reactions: information and believability. Compared to the message, “misuse is a disease,” the message “misuse is a medical condition” is rated as more informative and more believable.

Action Items

- **Change framing norms** (e.g., alternatives to framing OUD in a "criminal" context)
- **Include resources** with stories on addiction (e.g., in a story about overdose link state naloxone finder, in a story about recovery link state helpline)
- **Interview experts** for stories, not just community members (e.g., evidence-based treatment providers)
- **Image selection** (e.g., alternatives to pill or needle imagery)



Thank you!