



# Stigma

- \*A mark of disgrace that sets a person or a group apart
- \*Social groups are devalued, rejected, and excluded on the basis of socially discredited health condition(s)
- \*Most experts agree the biggest barrier to addiction treatment faced by clients is stigma
- \* Many people living with addiction and/or a mental health disorder say the stigma they face is worse than the illness itself
- \*Stigma is what is inflicted upon an individual by others or by themselves
- \* The individual carries shame, e.g., feeling like a failure
- \*As an object of shame, stigma feeds into the forces of isolation and denial that push people deeper into the addictive process and further away from the hope of recovery

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# Stigma

- \*Much public stigma exists regarding problem/disordered gambling
  - \* Attitude
  - \* Discrimination
  - \*Stereotypes, e.g., problem/disordered gamblers are often seen as irresponsible, impulsive, selfish, corrupt, stupid among many other negative stereotypes
- \*Huge lack of understanding of problem/disordered gambling as well as individuals suffering from gambling addiction
- \*Stigma directed towards problem/disordered gamblers results in low self-esteem and self efficacy
- \*Expressions of individuals suffering from gambling addiction or "self-stigma" is very debilitating on individual's help-seeking behavior and recovery

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### Consequences of Addictions and Mental Health Stigma

- \*Distrust, fear, stereotyping, discrimination
- \*People might avoid seeking help because they expect others will judge them
- \*Fear that confidentiality will be breached
- \*Difficulties in securing housing and employment-persons who are labeled mentally ill less likely to be hired

# Mental Health Stigma

- \*Belief that revealing a criminal record to an employer is less deleterious than revealing a mental illness
- \*Inadequate access to health insurance benefits and equitable coverage for treatment
- \*Some with mental illness are most creative and imaginative (Lincoln and Churchill)

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# **Gambling Addiction**

- \*Estimated cost- **\$6.7 billion** annually (Cost to families and communities from bankruptcy, divorce, job loss, and CJ)
- \*Primarily due to stigma, less than 8% of individuals with gambling disorder will seek treatment



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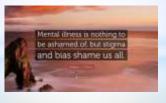
### Mental Health/Substance Use Disorder Facts

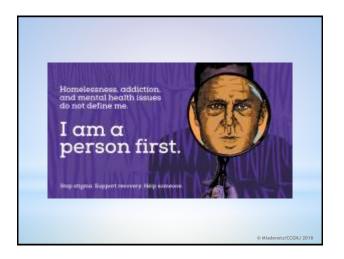
- \*Nearly 25% of US adult population live with MH or substance use disorders on annual basis
- \*18 million Americans are affected by depression annually
- \*Depression is leading cause of disability in US for ages 15-44

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### Mental Health/Substance Use Disorder Facts

- \*Cost of substance use disorder is greater than \$820 billion a year and growing
- \*If stigma is permitted it will prevail at continued expense of communities

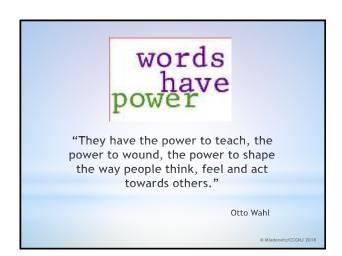


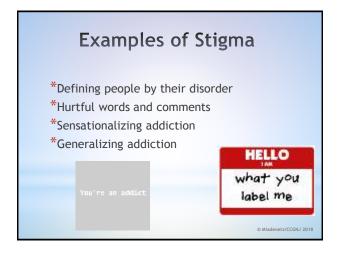


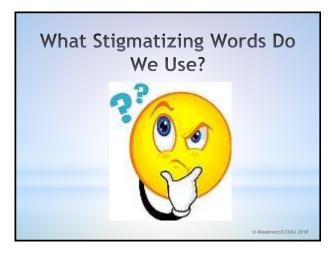
# \*Stigma and Words \*Stigmatizing words often \*Discriminate \*Discourage \*Exclude \*Isolate \*Misinform \*Shame \*Embarrass \*Stigma is generated and perpetuated by prejudicial attitudes and beliefs

# Stigma and Words

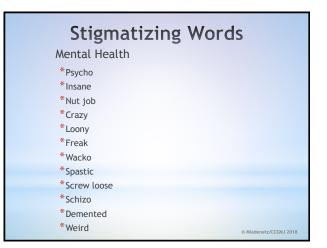
Language frames what the public thinks about substance use and recovery and it can affect how individuals think about themselves and their own ability to change. But most importantly language intentionally and unintentionally propagates stigma. (Broyles, 2014)











### Fallacies of Disordered Gambling, Substance Use and/or Mental Health Disorders

- \*Disordered gambling is a choice, not an illness
- \*Disordered gambling reflects lack of willpower or is a weakness
- \*Substance use disorder is a choice, not an illness
- \*Individuals with MI somehow cause their illness and can "stop" at any time ("Snap out of it!")
- \*Falsehoods and ignorance e.g. MI and violence go hand in hand

# NJ Governor's Council on Mental Health Stigma

- \*November, 2004 then acting Governor Richard Codev signed Executive Order creating Governor's Task Force on Mental Health
- \*Formed to investigate and develop solutions to obstacles faced by those with mental illness and their families
- \*Recommendation of Task Force was the establishment of Governor's Council on Mental Health Stigma

# NJ Governor's Council on Mental Health Stigma

- \* Mission-combat mental health stigma and create a better system through:
  - \*Outreach and education
  - \*Raising awareness, promoting respect, understanding and effecting change (efforts of NJAMHAA, DMHAS, NAMI, NCADD-NJ, et al.)
  - \*We must remember mental illness does not discriminate, people do

# Types of Stigma

- \* Internal-Self Stigma
- \*When individuals feel shame and negative thoughts about their membership in a particular stigmatized group
- \*People may avoid seeking help fearful others will judge them
- \*External-Enacted Stigma
  - \*The experiences of how we stigmatize others e.g., judging and dehumanizing (Kohlenberg, 2016)

### Stigma from Recovering Community

\* Recovering people stigmatize one another "I only play scratch-offs and do not go to casinos."

### **Stigma from Treatment Providers**

\*Some staff members from abstinenceoriented programs believe that maintenance programs involve trading one drug for another

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### "Addict"

- \*It is not for us to define how individuals who have a addiction and/or mental health disorder or those in recovery choose to identify themselves
- \*For many people in early recovery, the term "addict" is a helpful way of identifying symptoms and issues and finding a way to connect and bond in a healthy way that promotes change
- \*However, the "addict" label suggests that the whole person is the problem rather than the problem being the problem

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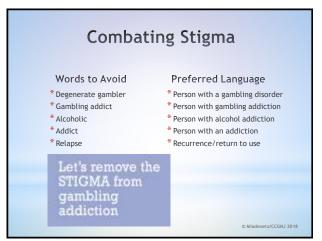
# Recovery

\*Recovery is a paradox. During treatment and the early phases of recovery, saying the words, "I am an addict" is a powerful way to help people understand that their lives have become unmanageable and that they need help. However, during later phases of recovery, the same phrase can prompt some people to define themselves solely by their addiction. The challenge for addicted people, their families and those who treat them is to recognize that while self-identifying as an addicted person can be liberating, viewing oneself only as an addicted person can be self-limiting. -- Richard Landis, Senior Vice President of Operations, Danya International, Silver Spring, Maryland

# **Combating Stigma**

- \*We can all be part of the solution
- \*Become a student of stigma
- \*Watch our language!
- \*We can take a stand against stigma by changing the way we think about, talk about and treat people with addiction disorders and/or mental illness
- \*Stigma's greatest enemy is knowledge
- \*"Addiction is not a 'moral failing'"
  (NJ Governor Chris Christie 2/17)





# Relapse

- \*The lapse/relapse language in the alcohol and drug problems arena emerged during the temperance movement
- \*Was linked in the public mind to lying, deceit, low moral character-a product of sin rather than sickness
- \*This term is not applied to the recovery process for any other chronic disease, e.g., people with hypertension are not shamed when blood pressure becomes unstable

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Example of Stigma and De-Stigmatizing Action

- \*In 1985 NJ Department of Human Services changed the name of one of their Divisions
- \*Division of Mental Retardation (DMR) was changed to Division of Developmental Disabilities (DDD)

### Example of Stigma and De-Stigmatizing Action

- \*Stigma: New Jersey communities long embarrassed by having state prisons named after them
- \*Action: In 1987, Governor Kean signed a bill removing names of municipalities from titles of state correctional centers and prohibits new prisons from having municipal names

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### Example of Stigma and De-Stigmatizing Action

- \* Results
  - \*Taking a municipality's name out of a prison name improves a community's image and increase its property values
  - \*Rahway State Prison became East Jersey State Prison
  - \*Trenton State Prison became New Jersey State Prison
  - \*Clinton Facility for Women became the Edna Mahan Correctional Facility for Women

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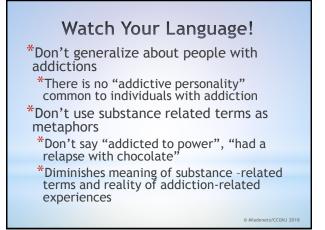
# Watch Your Language!

- \*Don't define people by their disorder
- \*Addiction and MH disorder do not describe what a person is, it describes what a person has



- \*Don't sensationalize addiction
  - \*Sensationalizing terms diminish fact that addiction is a treatable disease









# Watch Your Language!

- \*Ask for a treatment history-not the number of times client has been in treatment
- \*Avoid statements such as, "Come back when you're ready" or "I'm not going to work harder on your recovery than you are"
- \*Don't allow clients to diminish themselves, e.g., Have you ever heard people in treatment refer to themselves as "convicts" or "inmates"?

# Watch Your Language!

\*Labels are more frequently used in 12-Step recovery meetings than at SMART Recovery meetings

\*Try to give clients the option between the two when possible

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Stigma Prevention Strategies-Get the Word Out!

Recovery needs to come out of the basement. We need a new language, a logo, T-shirts, a theme song, websites, TV ads, posters in buses, sobriety bars, sober sporting events, a sobriety lobby, a recovery caucus, celebrity spokespersons, and corporate sponsors. We need the public relations attraction, not invisibility.

Rob Fleming, Advocate,
Recovery Works, Washington, DC

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# Take the stigmafree Pledge



Learn more about gambling disorder



See the person, not the condition



Take action

# Stigma Prevention Strategies

- \*Learn more-no shortage of information on addictions and MH disorders
- \*Speak out-likely to see misinformation, prejudice and adverse effects of stigma
- \*Challenge inaccuracies, educate and elevate others
- \*Keep hope alive-experience shows people with addiction disorders and/or severe MI can live happy, healthy, fruitful years
- \*Treat people with any type of disorder as people

# Stigma Prevention Strategies

- \*Check your program, check yourself!
  - \*Name of program-is it recovery-oriented?
  - \*Is your staff trained in destigmatizing language?
  - \*Is your program accepted in the community? If not, reach out, open your program to community
  - \*Offer "family nights" for those not in therapy
- \*Do I stigmatize others?
  - \*What are your personal beliefs about why people become addicted?
  - \*Do you accept certain types of addictions more than others?

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# **Stigma Prevention Strategies**

- \*Do you believe that some people are beyond help?
- \*Do you believe certain drug treatment approaches are better than others?
- \*Do you believe that recovery must look a certain way?
- \*Do you believe the words you use support that addiction and/or MH disorders are conditions from which people can experience recovery?

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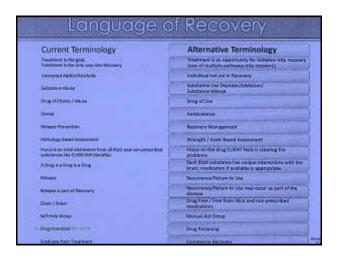
# Stigma Prevention Strategies

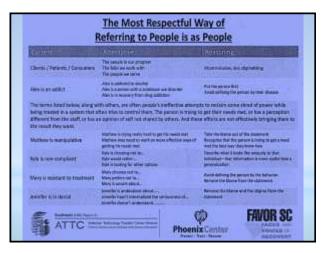
- \*Addiction treatment programs can be effective stigma change agents
  - \*Demystify Treatment-Don't focus on adverse consequences of addictions
  - \*Provide detailed information-Phases, stages, goals and objectives of treatment
  - \*Demystify Recovery-Recovery is not success/failure concept; is a dynamic multi-phase process, improvements are often incremental
  - \*Humanize Recovery-Have people in recovery and their significant others tell their stories

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# Stigma Prevention Strategies

- \* Demystify Recurrence-Is undesired but common among addictions and does not represent treatment failure
- \* Opportunity to examine an individual's recovery program; identify areas where it needs to be strengthened
- \* Celebrate & Promote Success-Evaluate programs' effectiveness; conduct outcome studies
- \* Publish studies and journals; publicize outcomes through public relations, media events
- \* Let people know treatment works!







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# **Questions and Comments**

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# Thank you!