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- Please Note:
- All attendees are muted for the presentation portion of today's session.
 - Today's presentation will be recorded.

**Please introduce
yourself in the chat!**



Workshop Wednesday:

Ripples of Recovery Anti-Stigma Campaign Strategy – Awareness

May 21, 2025

Jim Cowser, LCSW

CEO, Central Wyoming Counseling Center

Housekeeping Items



If we need to end today's presentation unexpectedly, we will follow up with you using your registration information.

Today's session is being recorded, and we ask that all attendees mute themselves until the end of the presentation.

Remember to ask questions using the chat feature.

Slides and resources for today's session can be accessed on our program website.

Certificates of attendance are available for today's session.

To receive a certificate of attendance, you must view at least 50% of today's presentation and complete our brief training survey.



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At the time of this presentation, Arthur Kleinschmidt, Ph.D. serves as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Jim Cowser, LCSW. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

Mountain Plains Rural Opioid Technical Assistance Center (MP-ROTAC)



Three-year grant

Serve Region 8 States

Center of Excellence for developing and disseminating **community-based** training and technical assistance

Focus on opioid and stimulant misuse

Evaluation Information



https://w1che.qualtrics.com/jfe/form/SV_9mn2KMoVuYHxkoK





<https://ripples.mprotac.org/print-toolkit-request/>



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- CEO
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Ripples of Recovery offers resources for treatment, support and raising awareness about addiction.

RipplesofRecovery.org

Objectives

Understand

Understand Substance Use Disorders within the context of chronic illness to reduce stigma of Substance Use Disorders

Explore

Explore strategies that assist in building awareness of stigma and increasing empathy and compassion

Obtain

Learn How to Obtain the Ripples of Recovery Toolkit to assist in anti-stigma

Empathy ♥

Understanding the challenges and feelings of others is crucial in addressing the barriers of addiction recovery. By approaching addiction with empathy and compassion, we can remove the judgment that those struggling with addiction feel when opening up about their journey and seeking support.



**Ripples of
Recovery**

Community

We offer many resources and support networks to provide a safe and inclusive environment for individuals in recovery and their loved ones, reducing isolation and promoting healing.



Ripples of
Recovery

Awareness

Raising awareness empowers communities to recognize the signs of addiction and equips them with the tools they need to offer proper support. Awareness combats misinformation and the judgment that results from it.



Ripples of
Recovery

LET'S DISCUSS

Please Chat:

- What words come to mind when you hear “Substance Use Disorder?”

stigma

guilty

discrimination

rejection

disgraceful

caution

guilt

bad reputation

different

disgust

humiliation

shame

injury

guilt

rejection

discrimination

guilt

bad reputation

different

disgust

humiliation

shame

injury

guilt

rejection

discrimination

- **Stigma is defined as a mark of disgrace or infamy, a stain of reproach, as on one's reputation (SAMHSA, 2018)**
- **Stigma remains the biggest barrier to addiction treatment faced by patients/clients (naabt.org)**



Manifestations of Stigma

- **Public stigma**

The attitudes and feelings expressed by many in the general public toward persons living with mental health or SUD challenges or their family members. An overarching narrative about Mental Health and Substance Use Disorders

- **Institutional stigma**

occurs when negative attitudes are incorporated into the policies, practices, and cultures of organizations and social systems

- **Self-stigma**

The internalization of the disrespectful images that society, a community, or a peer group endorse

Stigma's Impact Socially

Courtesy stigma

“This is not a casserole illness” – Dr. Judith Landau, MD

- People are less safe sharing about their own, or a loved one's treatment episode. Often supporters are avoidant due to stigmatizing beliefs about SUD and Mental Health



The Gauntlet for SUD Stigma



Recovery communities- Binary bias “using or not using” as the sole measure of progress



Self-Stigma- Blame, low confidence, Shame



Professional Stigma- A belief that treatment is ineffective (low confidence for intervention)

The Impact of Internalized Stigma = **SHAME**

When we become aware of negative stereotypes and public stigma and accept those beliefs about ourselves

feelings of
hopelessness
low self-
esteem

low
motivation to
make positive
changes

poorer health
and other
outcomes

People struggle to remain engaged and to sustain change without a sense of
hope and **self-efficacy**

“Perceptions of discrimination were a significant predictor of treatment completion, with greater perceived discrimination associated with increased dropout.”



Core Bias and Stigma



Core Biases

- Did the person **CAUSE** it?

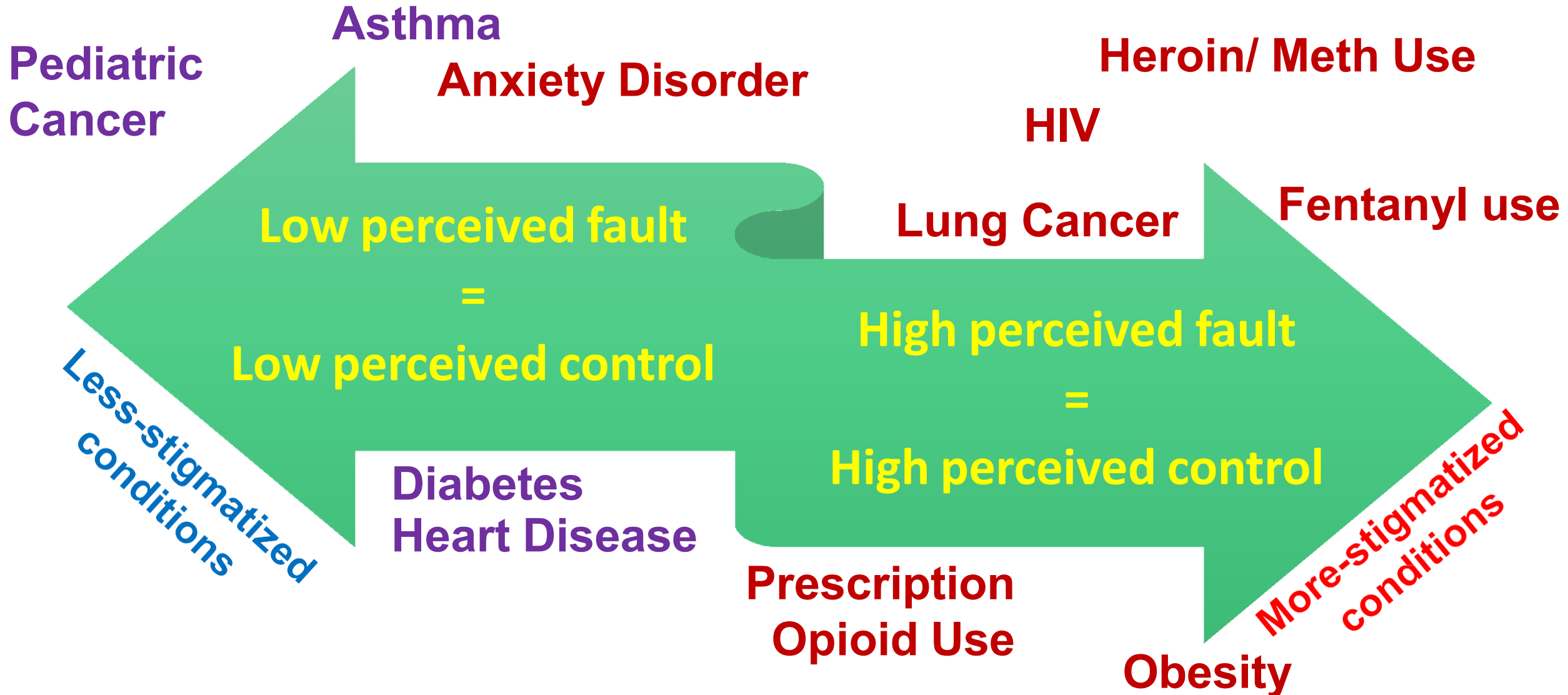
The appearance of intentional participation in the development of a condition.

- Can the person **CONTROL** it?

Are there factors within a person's abilities to interrupt the course of illness?

“They found a way to get drugs, why can’t they find their way to get treatment?”

Cause and Control



Features of Chronic Illnesses

complex causality,
with multiple factors
leading to their
onset

a long development
period, for which
there may be no
symptoms

a prolonged course
of illness, perhaps
leading

to other health
complications

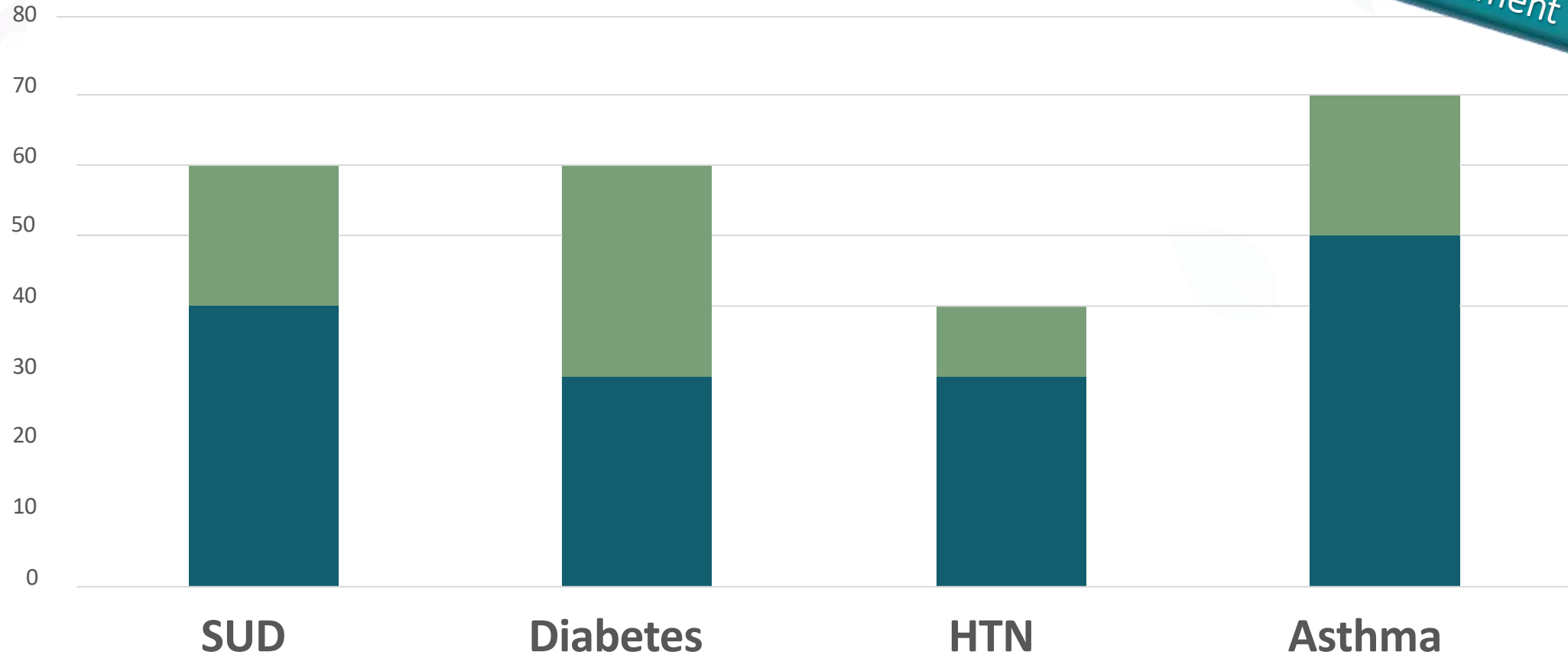
associated
functional
impairment or
disability

often no cure, prone
to relapse long-term
care needed



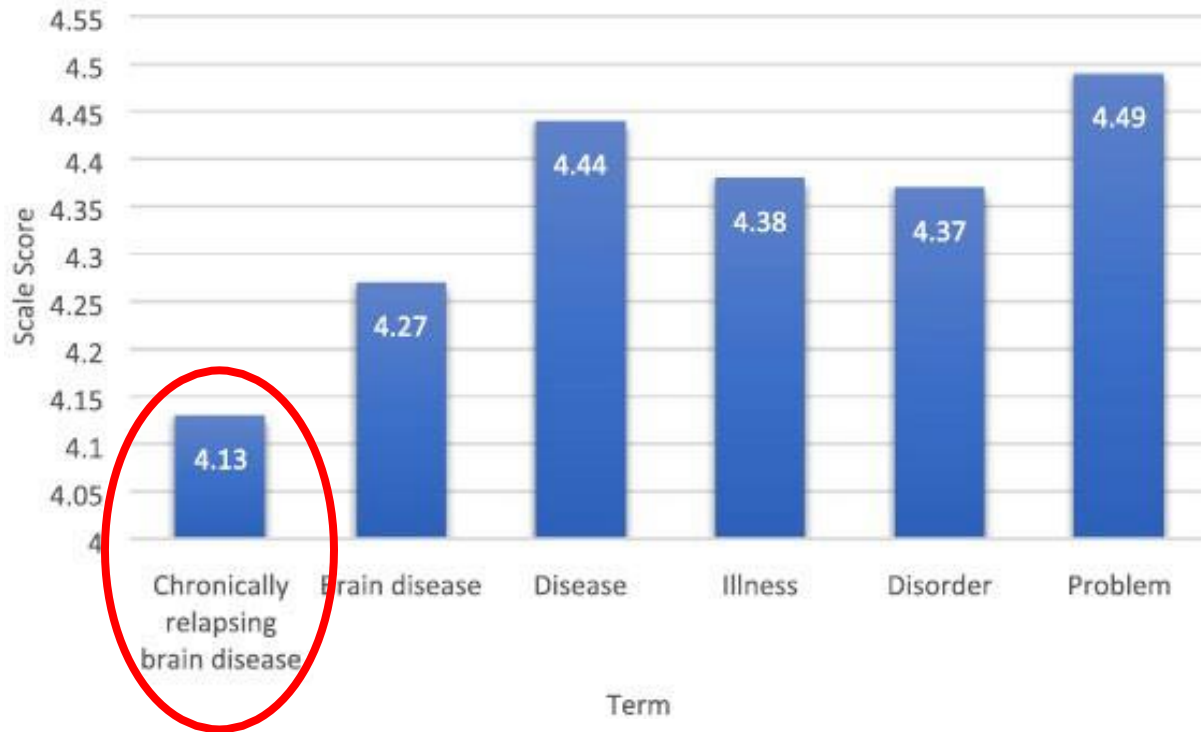
Comparison of Recurrence Rates

But only a fraction of those with a SUD receive treatment

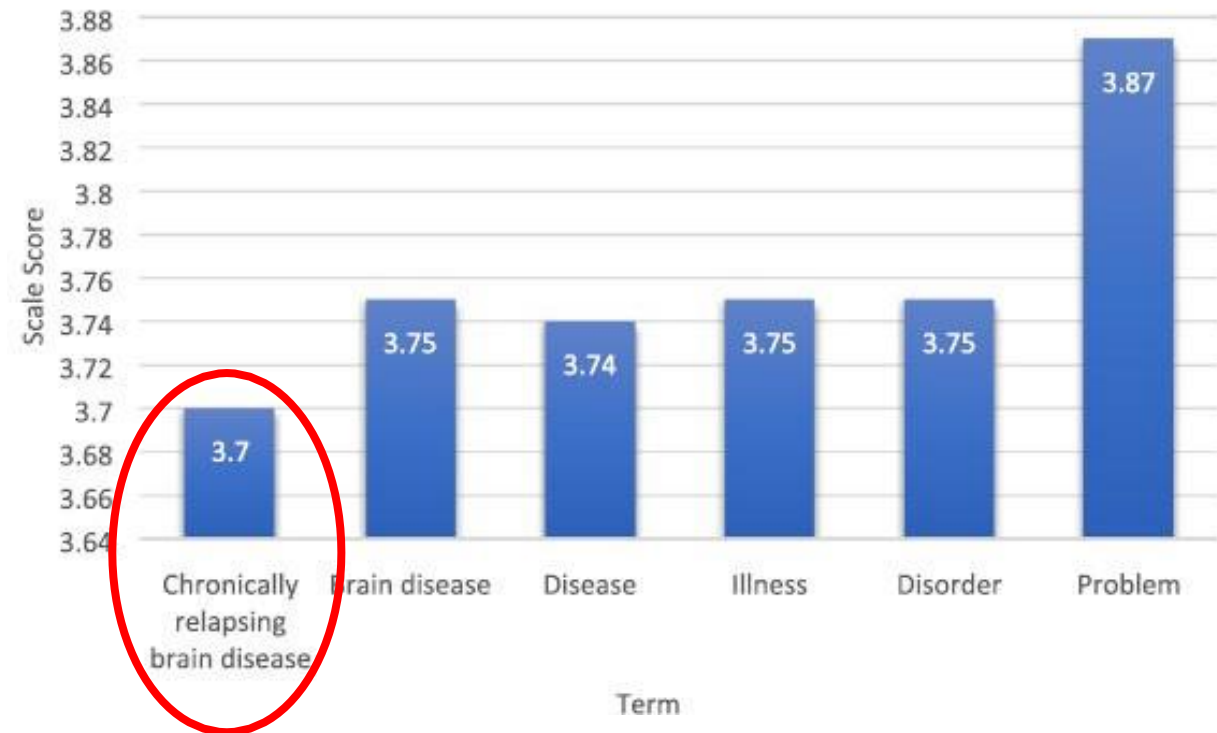


Language can be “Double-edged”

Stigma - Blame Attribution



Prognostic Optimism (Likelihood of Recovery)



Kelly JF, Greene MC, Abry A. A US national randomized study to guide how best to reduce stigma when describing drug-related impairment in practice and policy. *Addiction*. 2021;116(7):1757-1767.

Where has Awareness Made an Impact

“A heightened **awareness** of the disease **has** unquestionably led to a **greater** number of women being screened for **breast cancer**,” said Tuite. “Patients are experiencing **better** outcomes as a result of early diagnosis, state-of-the-art **treatment** options and less extensive surgery.”



Catherine Tuite, MD:THRIVE, Oct 3, 2019

Language Makes a Difference

Language Makes a Difference

Addict

A Person with a
Substance Use
Disorder

Clean

In Recovery

Relapse

Return to Use



-
- American Society of Addiction Medicine and other groups such as WICHE have recommended the adoption of clinical, non-stigmatizing language for substance use.
 - “Person-first language” has been widely adopted by professional associations to replace negative terms that have been used to label people with other health conditions and disabilities.
 - “Person with a mental health condition” or “person with a disability” carry neutral rather than pejorative connotations, and distinguish the person from his/her diagnosis.



Language Effect on Clinicians

"Substance Abuser"

Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a substance abuser for the past few years. He now awaits his appointment with the judge to determine his status.

VS

"Substance Use Disorder"

Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a substance use disorder for the past few years. He now awaits his appointment with the judge to determine his status.

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Clinicians assigned the "substance abuser" vignette were significantly more likely to endorse the idea that "Mr. Williams" was personally responsible for his condition and more likely to agree that punitive measures be taken as compared with clinicians assigned the "substance use disorder" vignette

Effect on Mixed Population

One person was referred to as a
"substance abuser"



The other person as
"having a substance use disorder"

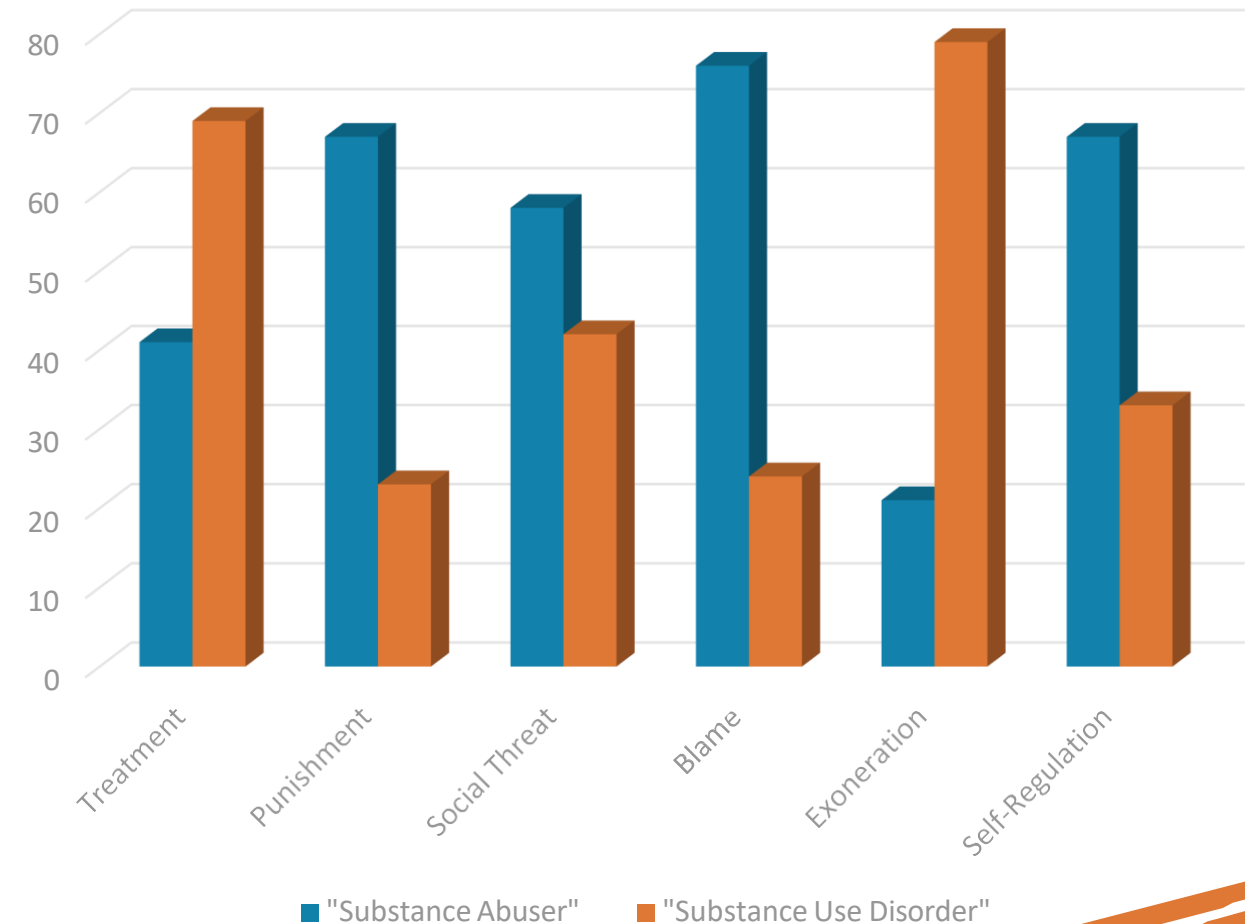


No further information was given about these hypothetical individuals.

**THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE
"SUBSTANCE ABUSER" WAS:**

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

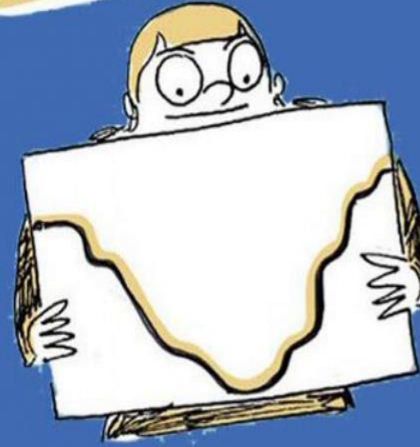
Source: National Library of Medicine:
https://news.nnlm.gov/region_7/2021/03/04/words-matter-2/



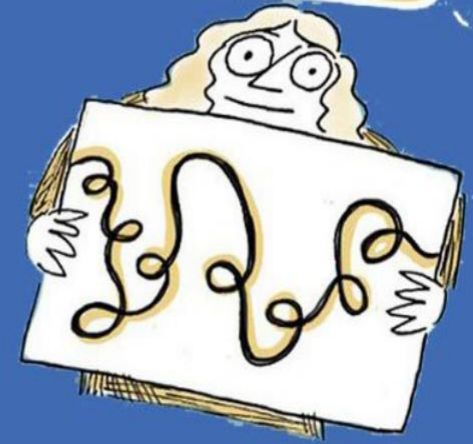
- Be a “Recovery Positive” advocate

- Support Multiple Pathways of Recovery

RECOVERY CAN
LOOK LIKE THIS...



...AND THIS



...AND ALSO THIS



RECOVERY
LOOKS
DIFFERENT
FOR
EVERYONE

Other Ways Stigma and Bias can Influence Treatment

The Criteria for Treatment

- Require/Expect motivation to stop all substance use? (Bias - People need to come in action phase of change – otherwise in “denial”)
- Require agreement to contracts around attendance (Bias - People with SUD are unreliable and don't follow treatment recs)
- A push for an “All-in” approach? (Bias - People who are not internally motivated do not do as well as those who are externally motivated)

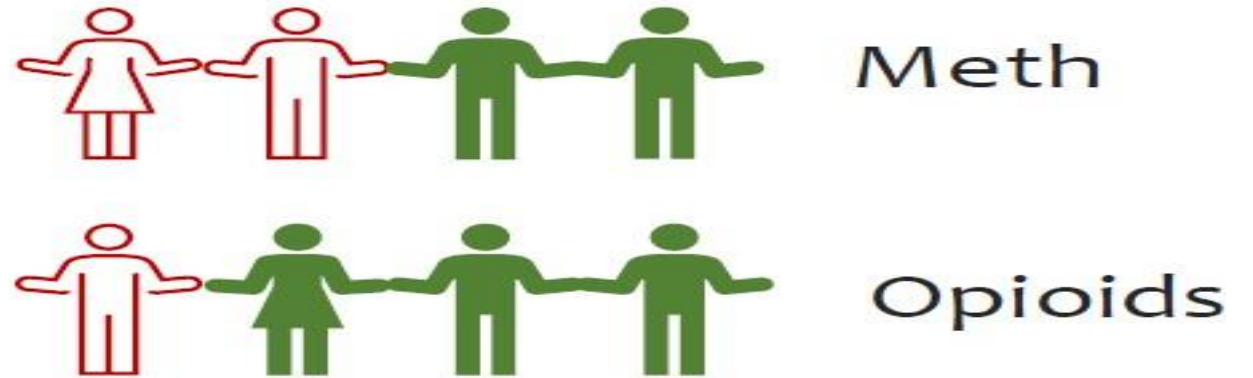
ADMISSION REQUIREMENTS



Advancements in Engagement Strategies

“How interested are you in reducing or stopping your [stimulant or opioid] use?”

[researchers] avoided using the word “treatment” in the outcome measurements because it has many connotations and may not accurately reflect an individual’s motivational level for behavior change.




Slightly over half of the participants were male (55 %) and the median age was 35 years. Most respondents were white (75 %), living in an urban setting (67 %), in unstable housing or homeless (70 %), and had health insurance (90 %). 39% had been in jail in the last year.

Promote a Culture Within Networks

Make intentional efforts to change language and watch for ways **stigma** drives decisions in practice



Examples of Efforts

- Have a component of Policy Reviews bring a lens of anti-stigma when policies are updated and/or created
 - Utilize the Ripples of Recovery Toolkit assets for awareness
 - Create weekly vocabulary change initiatives
 - Make a statement on your website and in the welcoming space at your facility
- 

Review:

Understanding Substance Use Disorders as a Chronic Illness can open awareness

The Language we use is an important component of building awareness and empathy

Intentional efforts to build awareness are effective

Ripples of Recovery Toolkit is available



<https://ripples.mprotac.org/toolkit/>



Thank You!



Thank You for Joining Us!

**Final Ripples of Recovery
Strategy Training - Community**

Wednesday, June 18th, 2025

<https://mprotac.org/all-events/>

Evaluation Information



https://w1che.qualtrics.com/jfe/form/SV_9mn2KMoVuYHxkoK

