2012 EDITION

ANTI-STIGMA TOOLKIT

A Guide to Reducing Addiction-Related Stigma

A guide to provide the addiction treatment and recovering community with practical information and tools to enhance their capacity to engage in effective stigma reduction efforts

Mim Landry

Central East ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

ABOUT THE CENTRAL EAST ATTC AND THE DANYA INSTITUTE

Creative Commons License (for the text of this publication only): Attribution, Non-Commercial, ShareAlike

Photos Are Copyright Of Istockphoto

Originally Published 2001, Revised 2012

Disclaimer

The Danya Institute, on behalf of the Central East Addiction Technology Transfer Center, which is funded by a cooperative agreement from the Center for Substance Abuse Treatment, developed this guide. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the agency.

About The Central East Addiction Technology Transfer Center

The Central East Addiction Technology Transfer Center serves Delaware, District of Columbia, Maryland and New Jersey. It seeks to improve the skills, knowledge, and attitudes of addiction treatment professionals and other stakeholders. It provides support to universities to promote addiction-related curricula and programs. It provides direct and online training and technical assistance, and disseminates print and electronic resources through its Internet site, newsletters, and faxes.

Central East ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

About The Danya Institute

The Danya Institute's mission is to provide training, leadership development and technical assistance to health and human services providers and consumers to enhance prevention, health promotion and treatment services through the use of evidence-based practice. The Danya Institute seeks to be a leader in the promotion of health, education and well-being of individuals and communities across all populations.

To achieve this mission, The Danya Institute has assembled an outstanding team of specialists in health communication, technology transfer, technical assistance, training, continuing education, research design and analysis, and marketing and recruitment. This team also include experts in Internet technology, database development, wireless technology, multimedia services, document production, editorial services, conference and meeting planning, and video production.

With this wealth of talent, The Danya Institute provides services, develops products, and conducts research in public health, substance abuse treatment and prevention, HIV/AIDS and hepatitis, health education and promotion, minority health, outreach services, and evidence based practices. The Danya Institute has a reputation for excellence in conducting research, managing projects, developing content, and delivering innovative products using the latest technological tools for healthcare clients.

The Danya Institute
8737 Colesville Road, Suite 300
Silver Spring, MD 20910-3921
Tel. (240) 645-1145
www.danyainstitute.org

PREFACE

This guide was created to provide the addiction treatment and recovering community with practical information and tools to enhance their capacity to engage in effective stigma reduction efforts.

FORWARD

Addicted people typically experience a profound compulsion to use substances of abuse. They generally experience a loss of control over the amount of substance used or the amount of time they intended to use the substance. Addicted people typically engage in continued use of substances of abuse despite a multitude of biological, psychological, social, and spiritual adverse consequences. Addicted people frequently experience gut-wrenching episodes of relapse.

As if that's not enough, addicted people also experience stigma—in many areas of their lives and through all phases of active addiction, treatment, and recovery.

Although the sting of addiction-related stigma can be felt most strongly and frequently by addicted people, it is also experienced by their family and friends, co-workers, and employers. Even substance abuse treatment providers experience addiction-related stigma.

What can you do about addiction-related stigma? This guide provides a wealth of practical approaches to prevent addiction-related stigma. These range from simple efforts, such as writing letters to the editor, to more complex efforts, such as implementing community-based stigma prevention campaigns.

This guide is designed to help people who are concerned about addiction-related stigma to channel their concerns, frustrations, and even anger into positive action. It will help you to get organized. It is meant to empower people by providing them with tips, recommendations, tools, and resources to engage in stigma prevention efforts.

Stigma affects people with alcoholism in two ways: externally—through rejection by friends, relatives, neighbors, and employers; and internally—through aggravated feelings of rejection, loneliness, and depression.

— Cosco A. Williams, Veterans Health Administration, Atlanta, Georgia

USING THIS GUIDE

Stigma often makes addicted and recovering people, family and friends, treatment professionals, community activists, and other stakeholders feel powerless, angry, and frustrated. This guide is designed to help people become empowered and to provide practical tools by which people can become involved in stigma prevention activities.

This guide provides practical information about a variety of approaches to prevent addiction-related stigma. Some are especially simple and can be initiated by individuals on their own. These include tips on using stigma-free language and writing letters to the editor. Some approaches are comprehensive, such as developing a community action group and implementing a community-based campaign.

Prevention and health communication research demonstrate that the most effective prevention efforts are those that (1) include multiple components, (2) are designed so that the components are integrated or share common goals, and (3) are sustained over substantial periods of time. With this in mind, this guide seeks not simply to help people engage in stigma prevention efforts, but to engage in stigma prevention efforts that are effective.

Thus, this guide has a bias toward conducting multicomponent stigma prevention campaigns—which may involve such components as community organizing, information dissemination, and media advocacy. Becoming involved in such efforts not only helps you to become active in stigma prevention efforts, but also increases the likelihood of doing something that is meaningful, productive, and effective.

To help you reach this goal this guide provides four components. Chapter One is a brief look at addiction-related stigma. Chapter Two describes prevention strategies and practical tips for implementing these approaches. Chapter Three consists of worksheets that accompany several of the prevention strategies. Finally, Chapter Four consists of resources and references that correspond to the prevention approaches.

Substance abuse treatment professionals are often viewed as having few skills and working in the area simply to have a job. And the job is often viewed as easy. This reflects misinformation and a lack of information.

— Joseph W. Heath, Director, Oasis Clinic, Washington, D.C.

ACKNOWLEDGMENTS

This guide was written by Mim Landry, Senior Public Health Analyst, Global Evaluation and Training, Danya International. He has written more than 25 journal articles, 25 chapters, and over 40 online courses, curricula, guides, monographs, or books, including his book *Understanding Drugs of Abuse: The Processes of Addiction, Treatment, and Recovery*, published by the American Psychiatric Press. Mr. Landry is a co-author of *Living in Balance: Moving From a Life of Addiction to a Life of Recovery* and the author of *Living in Balance with Co-Occurring Disorders*, both published by Hazelden Publications.

For the Central East Addiction Technology Transfer Center (ATTC), Mr. Landry developed an outreach worker training program to prevent HIV and hepatitis C. He developed several online courses on such topics as co-occurring disorders, child welfare for addiction professionals, understanding research concepts for counselors, and a hepatitis C guide for counselors and outreach workers. For the Center for Substance Abuse Treatment (CSAT), Mr. Landry developed and wrote a quarterly newsletter and prepared technical assistance publications for CSAT grantees. Mr. Landry was an extensive contributor to the CSAT Treatment Improvement Protocols (TIPS) as a panel writer, a content writer, and a content analyst.

We acknowledge CSAT's leadership in promoting research to practice and stigma prevention efforts. This document represents an important step in the transfer of research and practice evidence from public health and substance abuse prevention to the treatment and recovery communities for the purpose of preventing addiction-related stigma.

CHAPTER 1

Background

Recovery is a paradox. During treatment and 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.

The treatment and recovery communities can help recovering people grow by recognizing that they have a disease but are not defined by that disease. Recovery is about becoming more than an addict; it is about becoming a caring husband or wife, a loving father or mother, or perhaps a better son or daughter. Helping people achieve healthy biopsychosocial and spiritual lives and helping them to recognize that they have the capacity to do so is the greatest tool we have to prevent and reduce stigma.

—Richard Landis, Senior Vice President of Operations, Danya International, Silver Spring, Maryland

The primary purpose of this guide is to provide you with practical information and tools and enhance your capacity to engage in effective stigma prevention efforts. To heighten your understanding of stigma and provide a context for understanding addiction-related stigma, this chapter provides a brief overview of addiction-related stigma.

This chapter includes a discussion of four broad types of addiction-related stigma, ways to understand stigma, and definitions of stigma. It reviews several ways in which stigma is sustained, the effects of stigma, an exercise to consider whether you contribute to stigma, and a look at a few theories that serve to promote addiction-related stigma.

Recovery is a paradox. During treatment and 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

STIGMA: ROADBLOCKS ON THE JOURNEY OF RECOVERY

For most people, the journey of recovery from addiction is not easy. Recovering people typically encounter numerous obstacles along the way. These include medical problems, psychological challenges, family issues, criminal justice and legal problems, and work-related issues.

For some recovering people, these obstacles have sufficient power to force them off the path of recovery. Similarly, people in recovery often experience stigma, which can likewise jeopardize their recovery. Thus, during a time when people need a lot of support, encouragement, and love, stigma can diminish people's ability to follow a path of health regarding the body, mind, and spirit. Stigma can come from within and outside.

Stigma From Within

Addicted people's lives have become unmanageable. They may experience low self-esteem as they recognize how much their lives have become unmanageable and how much they have hurt themselves and others. They may feel like victims or blame themselves and feel that they don't have the power to get better.

Stigma From The Recovering Community

Although the processes of addiction and recovery are more similar than different among different drugs, recovering people stigmatize one another. Some people recovering from alcohol addiction stigmatize people recovering from crack cocaine and heroin, much as some recovering people who smoked or drank their drug look down on injection drug users. People in recovery might say, "I

would never smoke crack," or "I only drank beer and never did an illicit drug."

Stigma From Treatment Providers

Some therapeutic community staff members feel that medical addiction treatment is ineffective, and some staff members from abstinence-oriented programs feel that maintenance programs involve trading one drug for another. At the same time, some providers believe that non-recovering counselors are superior to those in recovery, while others believe that non-recovering counselors are not able to fully understand the addiction and recovery processes.

Stigma can lead to fear, mistrust, and anger.

— Charles G. Butler, Case Manager
High Intensity Drug Trafficking Areas Assessment
Orientation Center, Washington, D.C.

Stigma From The Outside

People in recovery can face an assault of stigma from the general public. Fueled by ignorance, misinformation, and fear, the general public is never in short supply of mistrust, discrimination, prejudice, and stereotypes. These include unconscious remarks and behaviors, as well as purposeful and mean-spirited actions. All too often, the general public is unable or unwilling to see beyond an individual's addiction to the genuine person on the road to recovery.

Solution: Break The Silence

As is true of addiction, treatment, and recovery, stigma is a complex and dynamic process. There is no single or simple solution, but there is power in breaking the silence.

Speaking out is central to the prevention and reduction of stigma. On the most basic level, stigma prevention involves people in recovery, treatment providers and advocates, and people concerned about stigma speaking out. There is power in people telling their stories.

Perceptions can change. Attitudes can shift. Behaviors can be modified. Knowledge can be increased. But none of these will happen unless people speak out. When people speak out, the power of stigma is diminished. When people tell their stories, others struggling with recovery receive encouragement, recognize that someone else has taken this journey, and perceive that they too can stay on the journey to recovery. It gives people in recovery hope.

This guide is designed to keep that hope alive. There is much wisdom in the pages that follow. Some of the recommendations will be challenging. By accepting those challenges, you can develop and implement effective strategies that will go a long way to prevent and diminish the poisonous effects of stigma.

It is not the belief of others, it is the stigma within that affects me the greatest. It is the deeply rooted disdain that seems to be threaded within the fabric of my being that stagnates my progress. It reveals its ugly face when I perceive that what I have to offer is not substantial. It is the belief that I am not worthy or

good enough. It is the belief that I don't have what it takes to make it.

— Marianne Ali, Kitchen Manager, D.C. Central Kitchen, Washington, D.C.

STIGMA: AN ADDED LEVEL OF BURDEN

People with substance abuse problems typically experience multiple levels of burden. The first level of burden is the addictive process itself. Addicted people typically experience compulsion, loss of control, continued substance use despite knowledge of adverse consequences, and episodes of relapse. The addictive process alone is a powerful and difficult burden on people's lives.

At the same time, addicted people generally experience significant biopsychosocial problems that are caused or worsened by the addiction. These include problems regarding physical and psychological health, social functioning, employment stability, and legal or criminal justice involvement. These biopsychosocial problems act as a second powerful level of burden among addicted people.

To make matters worse, addicted and recovering people often experience an additional level of burden caused by the stigma associated with addiction. For some, this stigma can create problems that are as serious, disruptive, and dangerous as the addiction itself. These include a wide range of problems, from emotional problems—such as shame—to medical crises—such as denial of medical services. Also, the effects of addiction-related stigma are not limited to individuals with substance abuse problems, but also include families, addiction treatment professionals, and the addiction treatment field itself.

Stigma causes discrimination against people suffering from substance abuse problems, as well as their families and treatment providers. It delays acknowledgment of the disease and inhibits prevention, care, treatment, and research.

— Susanne R. Rohrer, RN,
Center for Substance Abuse Treatment,
Rockville, Maryland

WHAT IS ADDICTION-RELATED STIGMA?

Addiction-related stigma affects people in different ways. As a result, there is a wealth of ways in which people understand, perceive, and define stigma and the effects of stigma on addicted people.

Stigma assumes many forms. It appears as prejudice, discrimination, fear, shame, distrust, and stereotyping.

The Anti-Stigma Project characterizes stigma as a "pervasive and damaging influence on the quality of services, treatment outcomes, and therapeutic, professional, and personal relationships" (The Anti-Stigma Project 2012).

In an effort to define stigma, an expert panel on addiction-related stigma (Center for Substance Abuse Treatment 2000) described five important points:

- Addiction-related stigma is a powerful, shame-based mark of disgrace and reproach.
- Stigma is generated and perpetuated by prejudicial attitudes and beliefs.
- Stigma promotes discrimination among individuals at risk for, experiencing, or in recovery from addiction, as well as individuals associated with them.
- Addicted people and people in recovery are ostracized, discriminated against, and deprived of basic human rights.
- Individuals who are stigmatized often internalize inappropriate attitudes and practices, making them part of their self-identity.

Stigma means a mark or sign of shame, disgrace, or disapproval; of being shunned or rejected by others. It emerges when people feel uneasy or embarrassed to talk about behavior they perceive as different.

— Cosco A. Williams, Veterans Health Administration, Atlanta, Georgia

WHAT HELPS TO SUSTAIN STIGMA?

Like many social phenomena, addiction-related stigmas develop and are sustained for a wide variety of reasons. Some of the reasons why stigmas are sustained are conscious and purposeful, some are unconscious, some are personal, and some are social and institutional.

To Maintain Distance

Stigmas provide excuses for people to distance themselves and ignore people with whom they don't want to associate: "They are not like us ".

To Express Disapproval

Stigmas are ways in which people can express disapproval of the behavior of others and discourage behavior about which they are uncomfortable.

To Feel Superior

Stigmas allow one group of people to feel superior to another group: "I'm better than they are. "

To Feel Safe

Stigmas permit one group of people to feel safe and less vulnerable: "That can't happen to me. "

To Promote Agendas

Stigmas permit people to discredit other people to promote their own personal and social agendas, goals, and objectives.

To Control Others

Stigmas allow one group of people to control another by attempting to diminish the wholeness of people down to stereotypes.

To Express Fear

Stigmas allow people to express their fears about the beliefs and behaviors of other people in seemingly socially acceptable ways.

To Hurt Others

Stigmas are a way for people to purposefully hurt others and brand them as unworthy of love, patience, or opportunities.

Stigma is both conscious and unconscious.

—Mark W. Parrino, MPA, President, American Methadone Treatment Association, New York, New York

THE EFFECTS OF STIGMA

Stigma erodes confidence that substance-related disorders are valid and treatable health conditions. It leads people to avoid socializing, employing, working with, renting to, or living near persons who have substance-related problems or histories.

Stigma deters the public from wanting to pay for treatment, reducing access to resources and opportunities for treatment and social services.

Stigma stops people from seeking help for fear that the confidentiality of their diagnosis or treatment will be broken. It gives insurers—in both the public and private sectors—tacit permission to restrict coverage for treatment services in ways that would not be tolerated for other illnesses.

Stigma stops people from seeking treatment because of the fear that they will not be treated with respect or dignity within the treatment system.

Powerful and pervasive, stigma prevents people from acknowledging their substance abuse problems, much less disclosing them to others.

An inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation, and hopelessness. Stigma tragically deprives people of their dignity and interferes with their full participation in society. Stigma results in:

- Prejudice and discrimination
- Fear and shame
- Distrust and disgrace
- Stereotyping and rejection
- Anger and frustration
- Avoidance of treatment and inadequate coverage
- Ostracism and denial of rights

Stigma toward people with alcoholism negatively affects their ability to obtain services, their recovery, the type of treatment they need, the support they receive, and their acceptance in the community.

— Cosco A. Williams, Veterans Health Administration, Atlanta, Georgia

Do I Stigmatize Others?

Even the most well meaning person can say the wrong thing, have inaccurate assumptions, and believe things that cause others to be stigmatized because of their addiction. Without even realizing it, we may have beliefs, attitudes, assumptions or thoughts, or use words that contribute to the stigmatization of others. The following questions can help you to examine your own potential for stigmatizing others:

What Are Your Personal Beliefs About Why People Become Addicted?

Do you secretly believe that addicted people are weak, lazy, immoral, or sinful? If you are in recovery, do you believe that you are superior to others who are still struggling with addiction?

Do You Accept Certain Types Of Addictions More Than Others?

Do you believe that addiction to illicit drugs is different or worse than addiction to legal drugs? Do you believe that it is easier to recover from certain addictions than others?

Do You Believe That Some People Are Beyond Help?

Do you believe that some people are doomed to a life of addiction because of their high risk factors? Do you believe that some people will simply never get better?

Do You Believe That Certain Drug Treatment Approaches Are Better Than Others?

Do you believe that abstinence-based approaches are acceptable but maintenance programs are not—or vice versa?

Do You Believe That Recovery Must "look" A Certain Way?

Are you quick to judge the behaviors of others and interpret all their behaviors through the lens of recovery? If you are in recovery, do you judge other people's recovery based on your path to recovery?

Stigma is a powerful, prejudicial, shame-based mark of disgrace and reproach that impedes treatment and recovery.

— Susanne R. Rohrer, RN, Center for Substance Abuse Treatment, Rockville, Maryland

Stigma: Promoting Theories About Addiction

Modern addiction experts teach that addiction is a biopsychosocial disorder that is both preventable and treatable. That is, having certain biological, psychological, and social risk factors increase the likelihood of becoming addicted. Unfortunately, people have used a variety of theories to try to understand addiction, some of which have shaped public opinion about addiction and promoted addiction-related stigma.

Addiction Is Primarily A Moral Problem

Addiction is viewed by some as behaviors that violate religious, moral, or legal codes. In this model, addiction is a freely chosen, immoral, and sometimes illegal behavior—and people purposefully hurt themselves and others. Since addiction is considered a moral choice and intentional behavior, change involves an exercise of willpower, punishment, or incarceration.

Addiction Is Primarily A Spiritual Deficit

Some people view addiction as primarily sinful or the result of sin, reflecting a state of alienation from a spiritual path. As such,

addicted people are sinners, and change can only come about by a religious or spiritual transformation.

Addiction Is Primarily A Character Disorder

Some have believed addiction to be the result of an abnormal personality. Some theories suggest that addiction is caused by poor social development, mother-infant bonding, or self-esteem. One theory proposes an "addictive personality" (which does not exist), and other theories suggest that addicted people are addicted because of emotional and psychological deficits. From these perspectives, addicted people have mental health problems requiring treatment, and such treatment will make the addiction vanish.

Addiction Is Primarily Poor Willpower

Addiction is viewed by some as primarily the result of poor willpower. In this model, addicted people are weak and have problems related to self-discipline and self-restraint. In this view, addicted people need to learn discipline, restraint, and willpower skills.

Society deals with addiction not as a chronic, treatable disease, but as a moral weakness and a product of bad character.

— Tom Hill, Project Coordinator,
Speak Out! Lesbian Gay, Bisexual, Transgender Voices for Recovery

CHAPTER 2

PREVENTION STRATEGIES

The importance of addiction-related stigma is highlighted by the Center for Substance Abuse Treatment's National Treatment Plan Initiative, which recommends a four-point approach to prevent stigma and change attitudes through the document *Changing the Conversation* (Center for Substance Abuse Treatment 2000).

The recommendations are: (1) conduct science-based marketing research, such as surveys and focus groups, to provide the basis for a social marketing plan; (2) implement a social marketing plan designed to change the knowledge, attitudes, beliefs, and behaviors of individuals and institutions to reduce stigma and its negative consequences; (3) facilitate and support grassroots efforts to build the capacity of the recovery community to participate in public dialogue about addiction, treatment, and recovery; and (4) promote the dignity of people in treatment and recovery, and promote stigma reduction and discrimination by encouraging the respect for their rights in a manner similar to people who have experienced other illnesses.

This chapter embraces the National Treatment Plan Initiative's emphasis on enhancing the capacity of the recovery community and consistent research findings demonstrating that multicomponent community-based prevention efforts are more effective than isolated prevention strategies.

Thus, this chapter provides information about a variety of campaign strategies, offers practical tips and recommendations to conduct these strategies, and suggests additional resources such as books and manuals that provide more in-depth information about the strategies.

Addiction-related stigma is damaging. However, it can provide an opportunity for the recovery and treatment community, community leaders and activists, and decision and policy-makers to come together, speak out, and enact change. The recommendations in this chapter provide tools to create strong community alliances, techniques to have voices heard, and mechanisms to create significant change.

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 of attraction, not invisibility.

— Rob Fleming, Advocate,
Recovery Works, Washington, D.C.

GENERAL TIPS FOR PREVENTING STIGMA

What can you do to prevent addiction-related stigma? Quite a lot, as it turns out. The following provide a few practical tips that the average person can follow to prevent and diminish addiction-related stigma.

Learn More

There is certainly no shortage of accurate information about addiction, treatment, and recovery. Many organizations and government agencies provide information through websites, published documents, videos, and multimedia products. Several such sources are listed at the end of this guide. Get informed.

Speak Out

As you learn more about addiction, treatment, and recovery, you are more likely to notice misinformation, prejudice, and the adverse effects of stigma. Speak out, challenge inaccuracies, educate others, and guide them to authoritative sources of information. Don't be quiet.

Keep Hope Alive

People in active addiction can engage in behaviors that test the patience of others. There are times when your frustrations lead you to feel that someone is beyond help. However, experience demonstrates that even people with severe addiction can recover and live happy, healthy, and fruitful lives. Don't give up.

Treat People With Dignity

People with substance-related disorders probably include your friends, co-workers, family, and neighbors, although you may be unaware of it. Treat people who have substance-related problems with the same dignity and respect that you give others and expect from others. Practice respect.

Think About The Whole Person

Knowing that someone is addicted gives you only a small piece of information about that person. It does not provide sufficient information about who that person is. People are much more than the labels that are placed on them.

WATCH YOUR LANGUAGE

Don't define people by their disorder, don't sensationalize addiction, don't generalize about addicted people, don't sensationalize recovery, and don't use addiction-related terms as metaphors.

Watch Your Language!

Words can heal. Words can hurt. Words can poison. Labels can lead to stigma. And stigma leads to discrimination. The following illustrate a few practical ways to avoid using language that promotes stigma.

Don't Define People By Their Disorder

People are more than their health problems. Addiction does not describe what a person is, addiction describes what a person has. A person's addiction represents only a part of the person's life. Defining people exclusively by their addiction diminishes the wholeness of their lives. Don't say "the addict," "the addicted," or "the alcoholic. " Say "people with addiction," "people with addictive disorder," or "people with alcoholism."

Don't Sensationalize Addiction

Although the consequences of addiction are often dramatic, describing addiction in sensational terms diminishes the fact that addiction is a treatable disease. Don't say "suffers from," "afflicted with," "victims of," or "the scourge of" addiction. Rather, say, "he has a substance use disorder," "she is addicted," "people with addiction" or "addicted people."

Don't Generalize About Addicted People

Addicted people are not all the same. They are as varied as the general population. There is no "addictive personality" common to addicted people. There is as much biological, psychological, and sociological variety among addicted people as there is among the general population. Don't generalize.

Don't Sensationalize Recovery

Don't describe people in recovery as superhuman or in overly dramatic ways. Recovery should be described in ways that are accurate and thoughtful.

Don't Use Substance-related Terms As Metaphors

Don't say, "addicted to power," "in recovery from that job," or "had a relapse with chocolate ice cream. " Doing so diminishes the meaning of substance-related terms and the reality of addiction-related experiences.

BRAINSTORM ABOUT STIGMA PREVENTION CAMPAIGNS

Want to do more to prevent stigma? This guide provides examples of stigma prevention interventions that can be conducted alone or as part of a multicomponent campaign. We recommend multicomponent campaigns, since they are more effective than isolated interventions. The following can help you think through a few issues and make an informed decision about conducting stigma prevention campaigns.

See Worksheet 1—Brainstorming

Identify A Specific Problem

There are many aspects to addiction-related stigma. What is the specific aspect that you want to address? In what ways is it a problem? Who is being hurt by the stigma? Who is perpetuating the stigma? Why do you want to conduct a campaign? Be as specific as possible. Make certain that you understand the nature of the problem before considering possible solutions.

Identify Potential Issues

Brainstorm about ways to address the specific issue you want to address. Examine the campaigns described in this guide. What approaches and strategies might be appropriate? Have certain approaches been attempted before? If so, what happened?

Assess Community Readiness

It is critical to assess the community's readiness for change. Do other people share your desire for change? Sometimes, people recognize the need for change but don't support efforts to change because they don't feel that it will work or that they have the resources required to make it work. Use the community readiness tips provided later in this guide.

Identify Potential Partners

Have you spoken with other people who have expressed similar concerns about addiction-related stigma? Who are they? Do you have common goals or at least a few shared goals? What are their goals?

Identify Potential Solutions

Brainstorm with others to consider potential solutions. Think outside of the box. No ideas are too crazy during a brainstorming session. What might work? What might not? What might backfire?

TYPES OF STIGMA PREVENTION APPROACHES

There are numerous prevention approaches to reducing and preventing addiction-related stigma. This guide provides practical information about conducting different types of stigma prevention campaigns. Many of the activities conducted within stigma prevention campaigns include the following prevention approaches. Campaigns can include several prevention approaches, such as the following:

Information Dissemination

This prevention approach seeks to increase awareness and knowledge of the nature and extent of addiction-related stigma and its affects on individuals, families, and communities. It seeks to enhance knowledge and awareness of stigma prevention policies, programs, and services. It helps to establish and reinforce stigma prevention norms.

Prevention Education

This prevention approach seeks to enhance critical life and social skills, such as decision-making, critical analysis (such as evaluation

of popular culture messages), and systematic and judgmental abilities. Examples include formal school-based education efforts.

Environmental Change

Overall, environmental approaches seek to change written or unwritten community standards, norms, codes, and attitudes. These include norms within workplaces, schools, communities, businesses, and treatment programs.

Community-based Approaches

These prevention approaches seek to enhance the ability of the community to develop and initiate responses to problems, such as addiction-related stigma, and to promote healthy communities. They typically involve such activities as community organizing, intervention planning, coalition building, and networking.

Media-based Approaches

These prevention approaches seek to use mass media to draw attention to issues, promote support of issues, frame messages and positions, provide information, change perceptions, promote debate and action, and support other prevention approaches.

Multicomponent Approaches

As will be seen, the most effective prevention approaches involve integrating multiple components.

BASIC COMPONENTS OF STIGMA PREVENTION CAMPAIGNS

What is a stigma prevention campaign? They can take different forms and paths. Each person and group will develop unique ideas regarding the nature of the problem, important aspects to address first, the best response to stigma problems, the size and scope of responses, and the look and feel of campaigns. Despite such diversity, stigma prevention campaigns include the following components.

Campaign Goals

Whether large or small, each stigma prevention campaign begins with one or more campaign goals (the overriding change that you want a target group to accomplish), such as “decreasing addiction-related stigma among local government officials”.

Campaign Objectives

Each campaign goal is broken down into campaign objectives (a group of specific changes that you want a target group to accomplish), such as “increasing local officials’ awareness of the affect of stigmatizing language; increasing knowledge of addiction-related language that is not stigmatizing.”

Campaign Messages And Points

The fundamental purpose of a stigma prevention campaign is to communicate a message. Thus, each campaign must have a primary campaign message. This is the overall and basic message being communicated by the campaign. Each campaign message is

accompanied by a set of supportive points that make the case for the campaign message.

Target Groups

Each campaign effort has at least one target group. Target groups represent the people campaigns are attempting to reach and influence. A campaign can have more than one target group, each of which may be the target of slightly different campaign messages.

Campaign Activities

Once campaign goals and objectives have been identified, and after campaign messages and target groups have been selected, specific activities can be conducted to communicate the campaign messages and points. These can vary greatly and include providing information, promoting education, changing norms or policies, creating or enforcing laws, assembling community action groups, and conducting community-based activities with media components.

OVERARCHING PRINCIPLES FOR PREVENTING STIGMA

No matter which prevention approach or campaign you may use, your efforts can benefit from the following general strategies that have been effectively used in many different types of stigma prevention campaigns.

Use Science

Stigma prevention efforts can use information derived from addiction treatment research and statistical and epidemiological data. Research about the biological, psychological, and sociological aspects of addiction, treatment, and recovery can be used to counter perspectives that focus primarily on the relationships between addiction and criminal behavior, willpower, and morality.

Apply Research-based Principles

Research has demonstrated the effectiveness of certain principles and theories regarding behavior and attitude change, information delivery, learning, and communication. This guide describes many of those principles and provides additional information in the resources section. Learn about social learning, health communication, and behavior and attitude change theories, as well as develop campaigns based on this information.

Make Long-term Commitments

Attitudes, norms, values, and policies develop over many years. Thus, campaigns can take several years to have an effect. Also, to maintain effects, campaigns must be sustained over time. As a result, brief, short-term, or single-event campaigns will be less effective than sustained efforts. Consider developing campaigns that are sustained over time or have periodic “booster sessions.”

Use Multicomponent Campaigns

Research and practice demonstrates that multicomponent campaigns are more effective than single-component efforts. Components can include mass media campaigns (such as print, radio, and television), media advocacy, community organizing, and school-based programs.

Make Components Integrated

Research and practice illustrates that multicomponent campaigns in which the components are integrated with each other are more effective than non-integrated campaigns. In this context, integrated components share the same or similar goals, objectives, themes, and principles.

PREVENTION STRATEGIES FOR TREATMENT PROGRAMS

Addiction treatment programs can be effective stigma change agents. Work with prevention professionals to learn their methods, which are easily adaptable to stigma prevention efforts. Educate the general public and decision and policy-makers, and work with the media.

Demystify Treatment

Many people, including decision and policy-makers, tend to focus on the adverse consequences of addiction. For some, addiction treatment is a mystery about which they know little. Providing detailed information about the phases, stages, goals, and objectives of treatment can demystify this process.

Demystify Recovery

Many people mistakenly believe that recovery is a "yes/no" or "success/failure" concept. Educate the general public that recovery is a dynamic and multiple-phase process in which success is measured through improvements in multiple biopsychosocial domains, and that these improvements are often incremental.

Humanize Recovery

Help people stop thinking about recovery as a theoretical concept. Help them to understand how recovery works by putting a human face on it. Humanizing the recovery process can be easily accomplished by having people who are in recovery and their significant others tell their stories. People often focus on the "before" pictures; help them to see the "after" pictures.

Demystify Relapse

Address relapse head-on. Mention that relapse is undesired but common among chronic disorders, including addiction. Mention that relapse does not represent treatment failure. It does not mean that a client has rejected or failed treatment. It does not mean that the treatment program has failed to provide treatment. Rather, relapse is considered an opportunity to examine an individual's recovery program and to identify areas where it needs to be strengthened.

Celebrate And Promote Success

Treatment programs are uniquely positioned to promote the success of their efforts. Evaluate program effectiveness by conducting outcome studies. Publish the studies in journals. Publicize the outcomes through public relations, community relations, and media events. Let people know that treatment works!

ESTABLISH STIGMA PREVENTION COMMUNITY ACTION GROUPS

Community action groups, or community-based coalitions, represent powerful ways to undertake large-scale community prevention efforts. They may begin with one individual who has an intense personal experience who then enlists the help of others. Groups can be convened for brief periods for specific short-term issues or can become a working group sustained over years. An important first step is enlisting the active support of opinion makers, advocates, and volunteers.

See Worksheet 2—Enlisting Community Assistance

Enlist Opinion Makers

Opinion makers are individuals in leadership positions, such as political leaders, presidents of community or business organizations, media leaders and personalities, and professional athletes and other celebrities. Once educated about stigma, they can be effective spokespersons. They can also provide access to others who shape the opinions, perspectives, norms, and laws of the community. Opinion makers can also be valuable in fund-raising activities.

Enlist Advocates

Advocates are people who, in the course of their professional lives, can have an impact on the audiences of community action groups. Stigma prevention advocates include healthcare professionals, treatment professionals, people in recovery, significant others of people in recovery, clergy, civil rights leaders, experts and researchers, media representatives, and businesspeople. Advocates can help to build credibility for a community action group by actively supporting and educating the community.

Enlist Volunteers

For stigma prevention efforts, volunteers can be individuals or members of an existing group, such as treatment program staff, treatment education organizations, professional societies, patient groups, and self-help groups. They can also be technical specialists, such as people who work in advertising, media, community organizing, public education, and grant writing. Volunteers are critical and central to the success of all activities of a community action group.

Obtain Funding

Conduct research to identify foundations that will provide funding for community-based prevention campaigns.

USE MEDIA ADVOCACY TO REDUCE STIGMA

Perhaps the best tool for stigma prevention campaigns is media advocacy. Media advocacy is the strategic use of mass media to advance a social or public policy initiative. It seeks to stimulate media coverage so as to reframe public debate and increase public support for more effective policies and approaches to public health problems.

Media Advocacy Seeks To Change The Discussion

Put another way, media advocacy seeks to reframe issues and shape public discussion by changing the way public health issues are presented to the public through advertising, news, entertainment, and other media coverage. Media advocacy focuses on collective behavior change, such as norms, perceptions, and policies. Media advocacy encourages the media to present issues in accurate, factual, and socially responsible ways.

Media Advocacy Seeks To Empower The Public

Other types of media activity, such as news, entertainment, public service, and social marketing, tend to increase awareness and knowledge regarding public and social issues. Media advocacy goes beyond this step and seeks to involve the media and the public in developing new policies and norms. The goal is to empower the public to participate more fully in defining the political environment in which decisions are made.

Step 1—Shape The Story

Media advocacy involves three primary steps. The first is to shape the story to get the attention of journalists and gain access to media. This can involve the creative (but accurate) use of statistics, emotional personal stories, and dramatic media events.

Step 2—Frame The Issue

The second step is to frame the issue in such a way that the story can be told as you want it told. This typically involves shifting the focus of addiction and addiction-related stigma from the individual level to the social level—that is, from a focus on the individual with addiction to the norms of the community that helps to sustain addiction-related stigma.

Step 3—Articulate A Solution

The third step is to articulate a specific solution to the problem. Media advocacy does not dwell on the statement of the problem but focuses on solutions that are practical, meaningful, and achievable.

Increase Attention And Support

Media advocacy can focus attention on numerous stigma-related issues, such as the inaccurate portrayal of addicted people and the inequity of treatment funding. It can promote public and government support for policies designed to address them.

Change The Focus

Media advocacy changes the focus from the individual substance abuser to policies, norms, and other environmental factors that maintain stigma. It encourages the media to address stigma from a broader perspective, emphasizing the social, cultural, economic, and political contexts. It places the focus on community responsibility.

Frame Policy Problems

Media events, such as press conferences, can present information to frame a policy problem. For example, press conferences can be used to present accurate information that counters stereotyping and misinformation, promotes accuracy about treatment and recovery, and promotes pro-treatment and recovery messages.

Change Perceptions

Media advocacy can change general public perceptions about addiction, treatment, recovery, and relapse. It can help people understand that addiction is a disease requiring treatment and a

public health issue, and that various problems, such as criminal justice involvement, are the result, not the cause of addiction.

Promote Debate And Action

Media advocacy can improve coverage of and debate about public health issues in the media. It can encourage individuals and communities to participate in efforts to change the social and political factors that positively influence health practices.

Promote Change

Media advocacy can promote media coverage that leads to important environmental changes, such as support for public policies, enacting new laws, and enforcing existing laws. These environmental changes can result in individual behavior changes in the community and reduce institutional stigma.

Increase Capacity

Media advocacy can be used to increase the capacity of communities to develop and use their voices to be seen and heard by decision and policy-makers.

FRAME STIGMA PREVENTION CAMPAIGN MESSAGES

Media representatives provide certain perspectives and context to their stories, thus shaping news stories and events. This influences readers' and viewers' perceptions of problems and solutions. Framing describes ways in which issues are presented in the media. Stigma prevention campaigns can frame stories in ways that the focus shifts from the individual substance abuser to a larger social perspective.

Frame Addiction And Stigma As Social Problems

Addiction-related stigma often comes from a focus on the individual, such as discussions about personal choice and willpower. Framing addiction as a social issue means addressing addiction and stigma in terms of policies and norms. It shifts attention from the individual to the collective and from personal to policy, refocusing on the rules, policies, and norms of the community that help to sustain addiction-related stigma.

Assign Responsibility

The public perceives that individuals with problems are responsible for solving those problems. People often think that addicted people "chose to get addicted, so it's their fault." Framing addiction as a social problem permits framing solutions to stigma as a problem to be solved by society. It permits using social justice as a perspective through which a lack of treatment access can be viewed. This permits framing stigma as an exploitation.

Provide Meaningful Solutions

If stigma is a problem, solutions should be provided. Campaign goals, objectives, and messages must include practical, meaningful, and achievable solutions. Campaigns should not focus excessively on the nature and scope of stigma, but provide campaign messages that target ways to address, diminish, and prevent addiction-related stigma. This should be the heart of the campaign.

Develop Practical Appeals

Solutions based on social perspectives (such as public health and social justice) represent solutions that are essentially moral in nature (the right thing to do). Communicate the ways in which preventing stigma is also practical in terms of saving money, improving community life, and enhancing productivity.

USE SOCIAL MARKETING PRINCIPLES IN CAMPAIGNS

Social marketing is the application of commercial marketing principles to "sell" ideas, attitudes, and behavior changes. Whereas commercial marketing seeks to sell products and benefit the seller, social marketing seeks to influence social behaviors and benefit the target audience and the general society. Social marketing involves decisions regarding the "Four Ps:" product, price, place, and promotion.

Product

Social marketing products include physical products and services, but also include changes in behavior, attitudes, and practices. To sell stigma-related changes in behavior, attitudes, and practices, the target audience must recognize that a problem exists and that the products provided by the stigma prevention campaign will solve that problem.

Price

In relation to a stigma prevention campaign, price describes what the target audience must do to acquire the solution to the problem. When costs outweigh benefits, potential customers are likely to give a low value to the products being sold and are not likely to adopt the changes in behavior, attitudes, and practices. However, when benefits outweigh costs, customers are more favorable to adopt such changes.

Place

In commercial marketing, place refers to the distribution systems for physical products. For stigma prevention efforts, the term place relates to the channels through which the target audience is reached with stigma prevention messages, including media channels (television, radio, Internet and print media), press conferences, community action groups, school-based lectures, and town hall meetings. It is important to use channels that are used and perceived as acceptable by the target audience.

Promotion

In the context of social marketing, promotion refers to the integration of media advocacy, public and media relations, and advertising for the purpose of developing and maintaining a need or demand for a product. Conducting focus groups, surveys, or informal research can help to identify what the target audience perceives as the most effective ways to reach people and increase the demand for the stigma prevention campaign products.

INTEGRATE SOCIAL MARKETING PRINCIPLES IN PLANNING

The primary principles of social marketing (product, price, place, and promotion) provide a framework for planning stigma prevention campaigns from the point of view of the target audience. From a social marketing perspective, it is essential to ask the following questions when planning stigma prevention campaigns:

Establish A Communication Objective

What are you trying to do? What specific aspect of addiction-related stigma are you trying to address? What are your goals and objectives?

Determine The Target Audience

Who are you trying to reach? Who is your primary audience? Who are your secondary audiences?

Identify Current Attitudes

What does your target audience currently believe to be true about addiction or addiction-related stigma?

Determine Desired Attitudes

What do you want them to believe differently about addiction or addiction-related stigma?

Establish Desired Action

What do you want the audience to do as a result of your message?

Identify The Primary Selling Proposition

What is in it for the target audience?

Provide Support

What research, proof, other successes, or evidence exists to support your message?

Determine Campaign Personality

What kind of tone do you want to utilize (humor, suspense, educational, somber, non-condescending, factual)?

Establish Indicators Of Success

How will you know that you have succeeded?

USE LESSONS LEARNED FROM PREVENTION AND PUBLIC HEALTH

Public health and substance abuse prevention have been using health communication and social marketing principles for several years. These efforts reveal numerous lessons learned that can be used to enhance the effectiveness of stigma prevention efforts.

Identify Positive Outcomes For The Audience

Messages focusing on negative consequences in the future are less effective than messages that focus on rapidly achieved positive outcomes. Identify such outcomes for people in recovery and for the target audience. How will they benefit?

Promote Message Repetition -

of a single message over and over, through multiple channels, by different events, and through all campaign materials and efforts. Establish and maintain a consistent message, although it can be stated in different ways for different people.

Use Multiple Media Channels -

such as radio, television, the Internet and print media. Use a variety of strategies, including newspaper op-ed articles, magazine letters to the editor, radio public service announcements (PSAs), local talk shows, billboards, and flyers. Use the most appropriate channels for the target audience.

Combine Media Efforts With Face-to-face Efforts -

including small group information sessions, larger town hall meetings, and individual sessions. Such meetings can carry out, expand, and provide more details about the basic message.

Use Opinion Makers -

and other leaders, groups, and personalities in all phases of campaigns. Identify and recruit people who are respected by the target audience to help make your case.

Establish Modest Goals -

that are reachable, meaningful, and will make a difference. Use them as a foundation on which to build and expand further stigma prevention activities.

Include Service Delivery -

such as having a website, toll-free phone number, or address to help people obtain further information or participate in the campaign.

USE PUBLIC SERVICE COMMUNICATION CAMPAIGNS

Public service communication campaigns involve the use of mass media to deliver messages through a variety of media channels, including the, television, radio, video, newspapers, direct mail, billboards, and advertising. Mass media strategies can be provided alone or in combination with other efforts, such as school-based, church-based, and community-based programs and activities.

Public service communication campaigns can be used to increase general awareness, convey factual information, counter misinformation, encourage behavior change, foster changes in interpersonal and social processes, promote community-based interventions, or promote public action. They can be used to change the way people think, act, and feel.

Public service campaigns that focus on interpersonal and social processes are grounded in the fact that individuals are enmeshed in a social environment and a network of social relationships that affect their behavior. Campaign designers, therefore, attempt to create a “social space” that affects individual behavior. They do this by encouraging changes in perceived social norms and attempting to stimulate interpersonal communication.

Individual behavior is greatly influenced by perceptions of popular opinion and perceived expectations for appropriate roles and behaviors. Messages about people who have successfully made a specific behavior change or that individuals are judged according to their behavioral choices can be very effective motivators for change; such messages are staples of commercial advertising.

Get Coverage From Mass Media

Most stigma prevention campaigns ultimately seek to mobilize public opinion in favor of positive messages about addiction, treatment, and recovery. To do so, campaigns need to communicate not only with people who support these positions, but also with the community through the mass media, such as television, radio, Internet and print media. Broadcast, Internet and print media are more likely to report on stories when they have local angles, have broad support, or are controversial. A campaign consisting of multiple local organizations and leaders can convince media decision-makers that a story is worth reporting. Thus, getting the attention of the media is an important step of any campaign.

Develop A Media Relations Plan

Campaigns should develop a written media relations plan. This plan should identify the campaign's goals that would most benefit from media coverage. It should determine which subgroups of the population the campaign seeks to reach through specific messages. The plan should identify which campaign members will have relationships with the media. It should identify specific goals for media relations, such as who, what, where, when, why, and how. It should identify any needs for media relations training required by campaign members.

Establish A Media Relations Committee

Stigma prevention campaigns should establish a media relations committee to organize and monitor media relations activities. Including people who are also members of media relations committees at their respective nonprofit programs, government agencies, or companies will provide the campaign with training, expertise, and connections to media and media professionals.

Beg, Borrow, And Steal Media Experts

Local businesses often have marketing departments that include experts in public relations, media relations, and advertising. Ask the business owner to "loan" a marketing department staff member to the campaign to provide advice and guidance. Similarly, most advertising and public relations firms provide pro bono services and will donate services, such as technical assistance, to nonprofit groups or grassroots campaigns.

Use Regional Linkages

Local media are more likely to cover and report on media events when messages are tied to local concerns.

Identify Newsworthy Elements

Make distinctions between goals that are important to the campaign and those that are newsworthy. Make them newsworthy by selecting emotional examples, identifying people who can tell their stories, preparing sound bites, and assembling facts and figures. These will put a personal face on stigma, illustrate the effects of stigma, and provide newsworthy ways to make the case.

Develop Relationships With Local Media

Establish and maintain relationships with editors, reporters, bloggers and other local media. This increases the likelihood of coverage for campaign activities—including both startup activities and ongoing coverage. Meet with media representatives, give them background materials and contact information, and ask them what you can do to help make their job easier.

Respond To Breaking News

Over the course of a campaign, there will be many instances of addiction-related news. These might range from the release of addiction research findings to drug-related arrests of sports stars. If there is a strong link between a hot news item and your campaign, frame the news item in terms that can promote the campaign, prepare responses to the breaking news and develop sound bites. In this way, your campaign can "hitchhike" with the breaking news and help the media prepare local angles to national stories.

Prepare Sound Bites

Basically, media representatives want answers to such questions as who, what, when, where, why, and how. Prepare specific and concise responses. To maximize the impact of your message, prepare several 10- to 12-word sound bites for broadcast media and several one- to three-line quotes for print media and the Internet.

Prepare Responses To Misinformation

News is dynamic, unpredictable, and not in your control. People will have goals and opinions different from your campaign. Someone will misrepresent your campaign and addiction-related issues. You should respond. Develop response plans, including who will speak on behalf of the campaign. A trusted community leader who is not part of the campaign might be the best person to respond to damaging campaign misinformation.

MAKE EVENTS NEWSWORTHY

The following illustrate a few ways to make a stigma prevention campaign event attractive to the media. These can increase the media's interest and thus the likelihood of being covered. Review the following and brainstorm ways to make your event newsworthy:

Link With A Recent Event

Is there a recent event that relates to addiction-related stigma (such as a local incident, celebrity death, or passage of a law)? Does your perspective provide an interesting angle?

Link With An Ongoing Controversy

Is there an ongoing news story that you have a strong opinion about—whether in agreement or opposition? These can include a debate in Congress or a news story about television programming. Does your perspective provide an interesting angle?

Link To An Upcoming Event

Is there an upcoming addiction-related event about which you can comment or to which you can piggyback your efforts? Such events can include the imminent passage of a law or budget, the release of annual addiction statistics, or the retirement of an influential personality.

Link To A Recurring Anniversary

Is there an upcoming anniversary of some notable event (such as the anniversary of a death, passage of a law, creation of a treatment program) with which you can link your efforts?

Link With The Release Of A Report

Treatment programs, and city, State, or Federal agencies conduct treatment effectiveness studies—often releasing them without fanfare. Use these as the basis for media events to publicize and celebrate treatment success.

Link With The Passage Of A Milestone

Milestones can include such events as a treatment program's 10th anniversary, the renaming of a treatment program, or having a street named after a famous recovering individual. It can also include a treatment program not receiving funding or the death of an individual who had been refused treatment.

Link With A Celebrity

Do you know an accessible celebrity or personality who may be willing to join your prevention efforts?

PROMOTE YOUR CAMPAIGN

Learn from the experts. The following suggestions can greatly increase the professional look and feel of a campaign and increase exposure:

Develop A Memorable Campaign Name

Campaign names should be simple and self-explanatory. A campaign name that instantly conveys the primary goal of the campaign has a better chance of creating name recognition than a name that a reader must exert an effort to figure out. A campaign name does not need to convey every aspect of the campaign. Consider using a campaign name that forms a witty and smart acronym.

Develop A Campaign Logo

Name recognition is enhanced with a memorable logo. Hire a professional or volunteer graphic arts specialist to develop professional-level logos that carry out the theme of the campaign for a website, social media outlets, letterhead, envelopes, handouts, brochures, flyers, posters, advertisements, and giveaways, such as bookmarks.

Develop A Campaign Template

Have a graphic artist develop simple design templates into which different content can be placed, such as text, images, and video. It should include graphic design elements, the campaign logo, contact and other pertinent information. With this template, materials can be easily and quickly prepared. Use the template to develop online or print campaign handouts, background materials, press releases, fact sheets, activity updates, and other materials. When all campaign materials have the same look and feel, the campaign appears professional.

Develop A Campaign Brochure

Even with limited funds, develop a brochure that explains the goals, objectives, and mission of the campaign; lists campaign

leaders; and provides contact information. It can serve as a promotional device to recruit new participants and as a tool to answer the most commonly asked questions about the campaign.

Develop Campaign Fact Sheets

Fact sheets can provide a wealth of background information about stigma, the effects of stigma, examples of stigma, personal stories about stigma, and statistics. Fact sheets can also provide campaign-specific information, such as upcoming activities, campaign updates, campaign principals' biographies, and campaign successes and outcomes.

Develop A Campaign Website

Even shoestring campaigns can create campaign websites. College students and young website programmers are often eager to enhance their resumes by developing and maintaining websites for free or low cost. Simple websites can be placed on the Internet for minimal fees, and many agencies and organizations will host websites for free as a charitable act. The most basic website could consist primarily of the information developed for the campaign brochure. Ideally, it should include all campaign handouts, background materials, press releases, fact sheets, personal stories, upcoming activities, campaign updates, and campaign successes and outcomes.

Develop A Social Media Presence For Campaign

Social media encompasses a powerful set of tools for drawing together people who have a common interest, and engaging and interacting with them. Based on the campaign's resources, goals and objectives, identify the types of social media outlets to use. These can include blogs, Twitter, YouTube, Facebook, and LinkedIn. Use social media to engage the target audience by delivering messages, promoting new material, announcing events, and encouraging communication among stakeholders. Hire a volunteer, intern, or professional to set up accounts, develop content, and monitor activity.

Develop Campaign Promotional Items

Advertisers use promotional items for a reason—they increase name recognition. Without spending much money, a campaign can develop a few simple promotional items, such as T-shirts, hats, coffee mugs, ink pens, or bookmarks with the campaign logo and contact information. And a big impact can be created with small quantities. Imagine the impact of a campaign kickoff and press conference at which a dozen campaign members wear campaign T-shirts and the mayor has the campaign baseball cap with the same campaign logo.

Participate In Talk Shows

Throughout the life of the campaign, use local media opportunities to promote the campaign. Campaign members can participate in talk radio programs and local talk shows. Consider a team approach in which a polished campaign spokesperson and an individual who has a personal story to tell about stigma appear together. Make certain that the personal story and the messages delivered by the spokesperson share common goals, objectives, and themes.

Write An Op-ed Column

The opinions and editorials sections of newspapers, called the op-ed sections, are typically written by experts, organization representatives, political leaders, and citizens. Op-ed columns are

effective, powerful, and inexpensive ways to inform and educate large numbers of people. Develop an op-ed column in relation to a campaign kickoff or an addiction-related event in the public media.

DEVELOP A PRESS RELEASE

A press release should be developed in conjunction with every significant event conducted by a stigma prevention campaign. Editors receive numerous press releases each day, have limited time for review, and focus on those considered newsworthy. A press release is your opportunity to convince the media to cover your event or story.

See Worksheet 3—Checklist for Press Releases

Provide Contact Information

As shown on the sample press release on the next page, the stigma prevention campaign name and address should be placed in the upper left of the press release. The name of the primary contact person, daytime and evening telephone numbers, and email address should be placed in the upper right of the release.

Provide Release Date

At the top of the page, place the date of the press release. State "For Immediate Release" unless there is a reason to ask the media to not release the information before a certain date, such as having multiple media organizations act on it at the same time. In that case, state "For Release: (Month, Date, Year)."

Carefully Write Text

Develop a brief headline that clearly states the main point of the release. The first sentence should be a concise, to the point, and compelling summary of the press release and story. In the first few sentences, provide an answer to the "Five Ws": who (the complete name of the campaign), what (an event or activity), when (date and time), where (name and address of place), and why (the primary purpose of the event or activity). Limit the press release to one side of one page of double-spaced text of approximately 250 to 300 words. Write "######" to signify the end of the press release.

Send The Release In Time

Send the press release at least 2 weeks in advance of public events (and include a copy to "community events" editors) for print newspapers, and no less than 2 days in advance of media-only events, such as press conferences. For online news sources refer to websites for submission requirements. Send press releases immediately after events, online or perhaps by courier. Call each media outlet in advance to determine the best person to whom to send the release.

Avoid Common Problems

Don't use jargon. Explain what is not self-explanatory. Don't exaggerate or overinflate. Ensure the accuracy of the information. Finally, have the release professionally edited.

Sample Press Release

June 1, 2012

The DANYA INSTITUTE
8737 Colesville Road, Suite 300
Silver Spring, MD 20910-3921

Media Contact: Tamara Parris
Phone: (240) 645-1146

FOR IMMEDIATE RELEASE

ANTI-STIGMA TOOLKIT RELEASED

People concerned about addiction-related stigma now have a tool designed to help them conduct stigma prevention activities.

The Danya Institute, a Silver Spring, Maryland based non-profit organization focusing on behavioral healthcare, has released *A Guide to Reducing Addiction-Related Stigma*. This guide describes a series of practical strategies that can be used by community activists, treatment professionals, and the recovering community to prevent the stigma associated with addiction.

People recovering from addiction often experience stigma, which can be as serious, disruptive, and dangerous as the addiction itself. It ranges from emotional problems—such as shame—to medical crises—such as denial of medical services and violence. Stigma is often experienced by family members and treatment providers of addicted people. Thus, this guide was designed to empower concerned people to conduct activities, such as media advocacy, designed to diminish and prevent the effects of addiction-related stigma.

This guide provides a wealth of practical approaches to prevent addiction-related stigma. These range from simple efforts, such as writing letters to the editor, to more complex efforts, such as implementing community-based stigma prevention campaigns. It is designed to help people who are concerned about addiction-related stigma to channel their concerns, frustrations, and even anger into positive action.

DEVELOP A PRESS PACKET

A press release provides basic information and encourages decision-makers to cover an event or a story. A press packet is designed to provide background and reference materials and is a mechanism by which you can help to frame the story in the way that you want the story told.

See Worksheet 4—Press Packet Checklist

Develop A Press Packet Folder

A folder (within which the press packet information is contained) that includes the campaign logo and contact information enhances the name recognition of the campaign and decreases the need for editors to hunt around for contact information.

Include A Campaign Brochure

Include a campaign brochure that explains the goals, objectives, and mission of the campaign; lists campaign participants or leaders; and provides contact information.

Include Campaign Fact Sheets

Include relevant fact sheets, such as those describing stigma, the effects of stigma, examples of stigma, personal stories about stigma, statistics, upcoming activities, campaign updates, campaign principals' biographies, and campaign successes and outcomes.

Include Photographs Of Principals And Events

The media prefer taking their own photographs, but a compelling photograph of an event or a poignant situation may grab the attention of an editor or writer. Photographs of campaign activities not covered by the media and of campaign principals or speakers may be appreciated. Provide 5-inch-by-7-inch (or larger) glossy photos. On a piece of paper glued to the back of the photo, describe who is in the photo from left to right, when and where the photo was taken, and the photographer.

Include Media Mentions

Include copies of any published letters to the editor and op-ed articles developed by campaign participants. Also, include copies of any articles written by the media that favorably describe the campaign efforts.

Include Speeches And Papers

When a campaign principal gives an important talk, use the opportunity to write out the speech, have it carefully edited, and print it. It can become an important background paper and reference.

Place Online

Place your campaign brochures, fact sheets, photos, and other materials on the campaign website.

CONVENE A PRESS CONFERENCE

Press conferences can provide a wealth of information, delivered by multiple speakers, through multiple formats, to several media representatives at a single event. They can deliver a message from spokespersons, people telling their stories, and community leaders. They can deliver verbal messages, provide visual images, present videotapes, and deliver complete messages.

Plan The Event

Begin planning several weeks before the event. Determine event goals and objectives. Identify all materials that would support those goals and objectives. Prepare press packets, posters with graphics, and a large banner with the campaign name. Develop relevant attention-grabbing props. Create a list of reporters and editors to invite.

See Worksheet 5—Press Conference Checklist

Identify And Prepare Speakers

Identify the best people to deliver messages, such as a polished spokesperson, a community leader, and someone in recovery who can tell his or her story. Assign a press conference moderator. Write out all statements to be made by all presenters, which should be limited to about 10 to 15 minutes combined. Develop sound bites. Develop potential questions and prepare brief and concise answers.

See Worksheet 6—Press Conference Speaker Tips

Plan Logistics

Consider all required logistics, such as space for reporters and camera crews, parking spaces for participants and media, tables for handouts, space for props, and audiovisual equipment, such as microphones, laptops, projectors and DVD players. Schedule the conference in the morning to increase the likelihood of making the deadlines for the evening television news and newspapers.

See Worksheet 7—Presentation Planner and Worksheet 8—Audiovisual Form

Develop And Send A Media Advisory

A media advisory informs the media about an upcoming press conference. In place of a press release headline, write the phrase "Media Advisory." The body of the media advisory states the place, date, and time of the press conference. Provide one to two paragraphs of explanatory text to describe who, what, when, where, and why. The media advisory should be in the hands of media editors no later than 3 or 4 days before a press conference.

Develop And Send A Press Release And Press Packet

Carefully write the press release and assemble a press packet with background information, fact sheets relevant to the press conference, and presentation text. Ensure that the press release and press packet are in the hands of media editors no later than 2 days prior to the press conference.

Practice

Develop an agenda that includes the names of all speakers and the order of their presentations. The agenda should include each person's full name, title, and the title of their brief presentation. On the day before the press conference, conduct a practice press conference, which can identify areas of conflict and unnecessary redundancy among statements. If props are used, practice using them. Ensure that the total time does not exceed 10 to 15 minutes. Conduct practice question-and-answer sessions and attempt to provide answers that are concise, to the point, and of less than 30 seconds.

Meet And Greet

Assign someone the role of logistics coordinator. The coordinator should ensure that everything is completely set up and that all participants are present no less than an hour before the press conference. The coordinator should develop a sign-in sheet for all media representatives that requests names, titles, affiliations, and phone numbers. This permits easy updating of the media contact list. The logistics coordinator should meet media representatives, help them sign in, and hand out written materials. The coordinator can help to meet special requests from the media, such as interviews.

Provide Materials

The logistics coordinator should ensure that all media representatives are provided with press releases, press conference agendas, the presentation text, and press packets.

Manage The Press Conference

The moderator should very briefly welcome everyone, thank them for coming, and then introduce the first speaker. After the final speaker, the moderator should invite questions; be prepared for 20 minutes of questions. The moderator should be prepared to assist each speaker with props and audiovisual equipment, and to speed

things along if a speaker becomes stuck or drags on. The overall event should last no longer than 30 minutes.

Conduct Press Briefings And Editorial Meetings

In addition to press conferences, other media-related events can be conducted with media representatives. These include press briefings and editorial meetings, which serve to educate, provide information, and develop positive working relationships with the media. They can help to introduce the campaign to the media, provide background on the problem, and give the media a place to turn when reporting on stories that may have an addiction-related stigma angle.

Convene Press Briefings

A press conference is a formal event used to get the media's attention, get your message out, and encourage the media to cover your story. A press briefing can be an informal event designed to provide background information and material to media, typically in advance of an upcoming event. The goal is not necessarily to elicit media coverage at the moment, but to provide timely information to the media and establish you as an authoritative resource. Also, press briefings can be convened when a campaign principal returns from an important national or international conference, especially one at which the principal spoke. Press briefings can be conducted as breakfast meetings or in other, less formal formats. Provide the same types of background information at a press briefing as one would provide at a press conference, such as fact sheets and background papers.

Participate In Editorial Briefings

Many newspapers invite experts to meet with their editors, writers, and reporters to provide briefings. Contact your local newspaper and ask if they would be interested in having a principal from the campaign participate in an editorial briefing. If a person is invited, these are outstanding opportunities to gain the editorial support of a newspaper, which in turn can be very influential in shaping political and policy decisions and public opinion. If invited, do your homework. Examine how newspapers can improve their coverage of addiction-related stigma. Be prepared to provide a brief presentation that provides an overview of the situation, names of the major players, positions on both sides of issues (when relevant), and reasons why covering the issue is newsworthy. Be prepared to provide answers to a variety of questions.

PARTICIPATE IN MEDIA INTERVIEWS

The interview is the fundamental mechanism for media representatives to elicit information from others and for campaign participants to provide information. Because of its importance to both parties, consider the following recommendations for interviews, whether conducted at press conferences, in other situations, or over the phone.

See Worksheet 9—Interview Tips and Worksheet 10—Media Interview Checklist

Do Your Research

Conduct research on the Internet and at libraries to collect whatever facts, figures, and statistics you may want to use to make your case. Get your facts straight. Inaccurate information will diminish your efforts and backfire.

Be Prepared

Don't give interviews without significant preparation. Carefully develop your goals and objectives. Then, establish the main points that can support these goals and objectives. Develop these into literal bullet points on paper and review them several times.

Develop The Message

Distill your primary points down to a basic message. What would you say if you could only say one sentence? That should be your message or theme. Everything else you say should support or enhance that message.

Prepare Sound Bites

Remember, interviewers want answers to such questions as who, what, when, where, why, and how. Anticipate and develop specific answers to likely questions. Prepare several 10 to 12-word sound bites for broadcast media and several one to three-line quotes for print media.

Be A Great Listener

Communication is a two-way street. When reporters ask you questions, they often paraphrase your answers and then ask for more detail, in part to ensure that they accurately understand you. When they don't, repeat your point, perhaps using different language.

Remain On Message

In some situations, reporters may purposefully mischaracterize your statement, play the devil's advocate, or state the opinion of a real or hypothetical opponent of your position. If your message is mischaracterized, don't "correct" the reporter, but restate your message, perhaps saying the same thing using different words.

Remain Professional

Although a reporter or editor may use a casual interview style, remain formal. Even during interviews over the phone, imagine that you are speaking to a roomful of people. Adopting a casual attitude may prompt you to talk about behind-the-scenes politics or about internal bickering, none of which helps get out your message. Also, exhibiting anger, condescension, or flirting can all be reported and backfire. Remain professional and even formal at all times.

Admit It When You Don't Know

When asked a question about which you do not know the answer, say that you don't know the answer but that you will find out. Don't make up an answer to impress a reporter. There is nothing wrong with simply saying "I don't know."

Provide Additional Resources

Before the interview, prepare a list of individuals participating on the campaign (with their complete names, titles, and contact information) who can provide additional information.

Speak On And Off The Record

Within limits, you can vary somewhat the ways in which you are quoted and named as the source of the information that you provide.

Speaking "on The Record."

Most or all of an interview is typically "on the record," which means that you are explicitly providing the interviewer with permission to print, publish, air, and quote what you are saying.

Speaking "off The Record."

There may be times when you want to provide information or a quote but do not want the quote attributed to you. Speaking off the record allows you to provide special insights to a situation, but the quote will be attributed anonymously, such as to "a knowledgeable source. "

Speaking "on Background."

There may be times when you want to describe some of the politics or events that led to the current situation, but you do not want the information attributed to you. You may ask the reporter to completely hide where the information was obtained.

AVOID COMMON MEDIA PROBLEMS

Most people engaged in stigma prevention activities are not media experts. Take into consideration several common problems that can make or break a prevention campaign event.

Don't Be Unprepared

Do your homework and practice. Write out the goals and objectives, primary message and supporting points, prepared answers to expected questions, and both print and audio sound bites.

Don't Over-rehearse

Messages should be carefully thought out and designed to meet the goals and objectives of the prevention campaign. However, messages should sound fresh, not memorized.

Don't Appear Off Schedule

Develop an agenda, use it, and track along with the schedule. For events, identify a moderator whose explicit job is to track the speakers and watch their allotted times.

Know What You Should Know

If you are speaking on behalf of addiction-related stigma or on behalf of a stigma prevention campaign, make a strong effort to have a very good understanding of the issues.

Don't Mishandle Questions

Don't get flustered or angry. Prepare answers to likely questions and conduct mock question-and-answer sessions. Practice.

Don't Draw Attention To Mistake

If you make a mistake while speaking, don't draw attention to it by talking about how nervous you are or cover your mistake with a joke. Quickly correct yourself and resume your presentation.

Don't Use Audiovisual Aids Clumsily

Practice your presentation using all audiovisual aids that you will use during the real presentation. This includes using microphones, turning lights on and off, operating DVD players, laptops and projectors, and flipping flip charts.

Don't Use Props Clumsily

Props can add value, make points, and create interesting visuals that the media find newsworthy. Mishandling or dropping props will backfire and appear amateurish. Practice.

WRITE AN OP-ED COLUMN

Newspaper op-ed columns are wonderful mechanisms to reach and inform people about addiction-related stigma. In relation to letters to the editor, op-ed columns carry more authority and stature, and they can deliver more content and detail. Op-ed columns typically relate to recent or upcoming events, and they advance specific opinions.

Identify Your Message And Audience

Since op-ed columns are brief, you must be concise and direct. Select perhaps three primary points and make them well. Identify clearly your target audience. Are you trying to inform the general public? Are you trying to change the mind of a decision-maker, such as the Governor? And remember, an op-ed is, by definition, your opinion. Thus, this is an opportunity to be forceful.

Select The Appropriate Newspaper

Which newspaper is most appropriate for your message and target audience? Large newspapers, such as the Washington Post, may be most appropriate to reach national audiences, while local newspapers may be ideal for local action.

Understand Their Style

Before writing, read examples to understand the format, tone, length, and style of op-ed columns in the selected newspaper. Contact the newspaper's op-ed editor for instructions and about the rules regarding length (typically about 700 words).

Develop The Core Of The Article

Carefully craft the core message for the article (develop three main points). If the eventual op-ed column will be 700 words, develop a core message of approximately 600 words. (The remaining text can be used to reflect on the relevant news hook, described later). Elicit feedback from others, get it as polished as possible, and have it professionally edited.

Remain Focused

Don't overwhelm the reader. You may have many points to make, dozens of illustrations, lots of facts and figures, and many recommendations to prevent stigma. But limiting your points, examples, and recommendations keeps your message focused and your reader engaged.

Make It Relevant And Local

Provide local examples of stigma. Use local statistics. Mention specific local decision-makers if the column is meant to change

their attitudes or behaviors. If part of a campaign, mention the name of the campaign, leaders, and sponsors.

Be Accurate

Do your research. An inaccurate op-ed column won't be accepted, read, or respected. It might backfire. Use authoritative facts.

Be Specific

Don't be vague, don't make people guess, and don't make people read between the lines. Say what you mean and provide specifics.

Buttress Your Argument

Use a mix of facts, statistics, quotes from leaders, and statements from authorities. Let the reader know that opinion is shared by leaders or other experts.

Anticipate The Opposition's Argument

Explain why an opposing side's arguments are wrong or perhaps not as strong as your position. When true, admit that the opposing side may have some valid points.

Wait For A News Hook

News hooks include anniversaries of important events, recent news events, and upcoming newsworthy events, such as pending legislation. The news hook must strongly relate to your article.

Add The Introduction

Once the news hook occurs or is about to do so, develop a strong, brief introduction that (1) connects the news hook and your core message, and (2) summarizes your core message.

Follow The Newspaper's Instructions

Newspapers get many op-ed submissions daily. Follow their instructions for submission precisely. Some want them emailed, and most want double-spaced hard copies sent by mail or fax.

Publicize The Published Op-ed

Once it is published, clip the op-ed, include the name of the newspaper and the date, and send it to key decision-makers, supporters, and anyone who may further send it to others.

WRITE A LETTER TO THE EDITOR

A letter to the editor of a newspaper or magazine can be a useful way to comment on a recent news event, inform people about an issue, and inform readers about a stigma prevention campaign.

Follow The Directions

Newspapers typically have specific rules about length, but most letters to the editor are less than 300 words, which is one to two double-spaced pages of text. The letters to the editor page or the newspaper website will typically include specific instructions. Follow them exactly.

Get To The Point

Since a letter to the editor is brief, identify the most important point you would like to make. Make that point as briefly and simply as possible. Don't try to make too many points.

Establish Your Credibility

In as few words as possible, state why your opinion matters, whether it is because of your authority or experience.

Connect To A News Hook

Newspapers want your letter to the editor to link to a previous article in their newspaper and to current or recent news events. Briefly but explicitly make the link in the first line or so.

Connect To A Local Issue

Provide local examples, local issues, and local illustrations to make your point.

Use Few Facts And Figures

Don't guess. Get your facts straight. Use authoritative facts and figures. However, only use enough to make your point. Don't overwhelm the reader with unnecessary statistics, details, or issues.

Make A Link To Other Efforts

If your letter to the editor is part of an organized stigma prevention campaign, don't forget to mention the name of the campaign. The point may be to prompt readers to seek additional information, such as a campaign website or a series of regular meetings.

EVALUATE COMMUNITY READINESS FOR ANTI-STIGMA CAMPAIGNS

The term community readiness describes the extent to which a community is adequately prepared to implement or support a program, such as a substance abuse or stigma prevention campaign. Researchers have identified nine stages of community readiness (Edwards et al. 2000). Although they were developed in relation to substance abuse prevention, reviewing these stages can help you to evaluate the potential for conducting a stigma-related campaign, consider community readiness, and help you to get prepared to conduct the campaign.

Stage 1—Community Tolerance Or Lack Of Knowledge

At this stage, community norms actively tolerate or encourage the problem behavior. These norms may reflect the fact that people are unaware that the behavior is or could be a problem or tolerate it for some other reason.

Stage 2—Denial

In this stage, the community recognizes that the issue is or can be a problem and is thought to be outside of the community norm. While people in the community do not approve of the issue, they do not feel that it occurs "close to home" and may believe that nothing needs to be done about the issue locally, or that nothing can be done about it.

Stage 3—Vague Awareness

At this stage, a community may have the general belief that the issue is a local problem and that something should be done about

it. However, knowledge about the local problem tends to be stereotypical and vague, or linked only to a specific incident or two. The community does not have an immediate motivation to do anything, and active leadership does not exist or lacks energy.

Stage 4—Preplanning

At this point, there is a clear recognition that the issue is a local problem and that something should be done about it. There is general information about local problems, but specific ideas tend to be stereotyped. The community has leaders but no plans.

Stage 5—Preparation

In this stage, planning is underway and focused on practical details. There is general information about local problems and about the pros and cons of a campaign, but it may not be based on formally collected data. Leadership is active and energetic. The program may have started on a trial basis. Funding is being actively sought or has been committed.

Stage 6—Initiation

At this stage, the community has sufficient information to justify a campaign, but some information may be stereotyped. The campaign has started, but it is still in preliminary stages. Campaign workers may still be in training. There may be great enthusiasm because limitations and problems have not yet been experienced.

Stage 7—Institutionalization And Stabilization

Campaigns are operating, supported by leaders, and are accepted as routine and valuable activities. Campaign staff members are trained and experienced. Limitations may be known, but there is not a sense that the limitations suggest a need for change. There may be tracking of the prevalence of the behavior.

Stage 8—Confirmation And Expansion

Campaigns are viewed as valuable, and authorities support expanding or improving them. New campaigns are being planned or attempted to reach more people. Funds for new programs are being sought or committed. Data are obtained regularly on the extent of the problem locally.

Stage 9—Professionalization

At this stage, there is detailed and sophisticated knowledge about the problem, prevalence, consequences, and solutions. Some campaigns may be aimed at general populations, while others are targeted at specific groups. Highly trained staff members are running the campaign, authorities are supportive, and community involvement is high. Formal evaluations are used to modify programs.

CONDUCTING COMMUNITY AND MEDIA-BASED CAMPAIGNS

There are numerous approaches to prevent or reduce addiction-related stigma. A common approach in public and mental health is a community-based campaign with mass media or media advocacy components. When conducting such campaigns, you should pay careful attention to assessment, planning, delivery, and evaluation, which should be incorporated into campaigns from the beginning.

Phase 1 - Conduct Needs Assessments

This involves gathering and analyzing information that helps to shape the boundaries of a campaign. It involves determining the scope and breadth of the stigma issue to be addressed, goals for change, objectives that will define and guide the campaign, types of strategies to be used, target audience, required resources, available resources, criteria that define campaign success, and real or potential barriers to change.

Phase 2 - Plan The Campaign

This involves refining, focusing, and organizing the information gathered during assessments. Planning results in a written workplan for developing and carrying out the campaign, including a statement of goals and objectives, activities to carry them out, a timetable for implementation and evaluation, a budget, and identification of partners. It involves defining the target audience, selecting campaign approaches, developing messages, developing materials, and conducting baseline evaluations.

Phase 3 - Implement The Campaign

Once the planning steps are completed, the campaign can be implemented. Campaign implementation steps, which will vary among different types of campaigns, can involve introducing the campaign, actively collaborating with community partners, conducting a process evaluation, and making necessary corrections.

Phase 4 - Evaluate The Campaign

Evaluation weaves through all phases. It begins with collecting assessment data and continues with crafting measurable objectives to gathering process data during the delivery stage and effect or outcome data upon completion of the campaign. A useful evaluation plan must be active throughout the life of the project, providing continual feedback to campaign staff members.

PHASE 1—CONDUCTING A CAMPAIGN NEEDS ASSESSMENT

Stigma prevention campaigns begin with determining the stigma issue to be addressed, goals for change, campaign objectives, strategies, the target audience, required and available resources, and criteria of success. These questions need not be answered sequentially. They are interactive, requiring the campaign staff to return to earlier questions to further refine or modify previous conclusions as more information becomes available. The assessment process results in a decision about whether a media approach is appropriate and feasible and, if so, which approaches will work best.

What Specific Problem Will Be Addressed?

Any stigma prevention campaign must begin with a statement of the problem or issue of concern. It is critical to understand how that problem is embedded within a particular community—the demographics of the problem, its location in the community, the persons most affected by it, how they are affected, who is already dealing with the problem, and the views of different groups in the community concerning the problem.

What Is The Goal For Change?

At the heart of any stigma prevention campaign is a decision about a need for change. What is there about addiction-related stigma that requires change, and how can that be stated as a goal? How broadly or narrowly the goal is stated depends on the nature of the problem and what one has learned about it. If the problem is widespread and a variety of objectives are needed to blanket a community with solutions, the goal may be broad.

What Are The Specific Objectives?

Several paths can lead to a goal. Objectives describe specific measurable steps that must be taken. The path may focus on changing attitudes, knowledge, behavior, social awareness, community behavior, or policies. Multiple strategies may be employed concurrently. If a stigma-related problem has a narrowly defined goal, it may have only one or two objectives. More complex problems may require many objectives over an extended period of time, with different types of strategies used at different stages.

Should The Campaign Include Media Approaches?

Many stigma-related campaigns can benefit from a media approach. For example, if a problem is new to the community, media alerts can help people learn more about it as part of an advocacy or community development thrust. If the budget is limited, which approaches would be most effective? Perhaps a media advocacy approach might better fit a limited budget than a more expensive mass media strategy.

Who Is The Target Audience?

Campaigns to change the environment have different target audiences than those seeking to change individuals. If one is advocating a policy change, the target audience could consist of policymakers in the public sector or the business community. If one is seeking environmental change through media advocacy, the media will be the target audience. If one is seeking individual change, the target audience could consist of a subgroup of the general population.

What Resources Are Available?

It is critical to get a clear understanding of the resources needed and available for a campaign. Resources include funds, staff members and volunteers, and opportunities to work with the media and public and private institutions and organizations. Collaboration with community organizations and leaders early in the planning process can considerably increase success. It can add credibility, expertise, and funds, as well as enhance long-term relationships.

How Is Success Measured?

What are the evaluation criteria that define campaign success? During the assessment, initial decisions must be made about evaluation. The statement of the objectives (the measurable components of the goal) and evaluation outcomes (criteria for success) are two sides of the same coin. Data on the target audience, the definition of goals and objectives, and the identification of collaborators all contribute to initial thinking about evaluation issues concerning baseline data, measures, methodologies, and outcomes.

PHASE 2—PLANNING STIGMA PREVENTION CAMPAIGNS

Planning stigma prevention campaigns involves refining, focusing, and organizing information gathered during the assessment phase. Planning steps include defining target audiences, selecting campaign approaches, developing messages and materials, identifying partners, and conducting baseline evaluations.

Define The Target Audience

The characteristics and media preferences of target audiences should be identified and analyzed in relation to the selected approach. This includes demographic characteristics (age, ethnicity, gender, geographic location, and income), psychographic characteristics (attitudes, opinions, beliefs, values, and personality traits), and media preferences (television, radio, or print media).

Select Media Channels

Once you identify and segment the target audience, you can select media channels. You should examine various media channels and ways to use them, including the Internet, social media, radio and television public service advertisements (PSAs), news programs, information programs (talk and interview shows), and print media. Consider the compatibility of the media channel with the campaign purpose and audience media preferences.

Develop The Message

What you learn about the target audience will guide message development. If different target audiences share important characteristics and media preferences, the message can build on these commonalities. However, differences in age, ethnicity, gender, economic status, knowledge, beliefs, outlook, interests, and degree of risk can be substantial. Consider focusing on audience segments with the highest probability of making changes in response to messages.

See Worksheet 11—Developing a Campaign Message and Worksheet 12—Tips for Campaign Messages

Develop Materials

Producing materials for a mass media approach can be challenging. Lack of time, money, and skill can lead to costly failures. Developing PSAs can be expensive and time-consuming. Use experts to develop materials and manage production. Consider using existing PSAs that may be available through resources listed at the end of this guide.

Identify Community Partners

The campaign approach and materials must meet the standards, interests, values, and beliefs of those who control media access. Cultivate the support of local media gatekeepers, such as television or radio station managers or editors, early in the development of the media approach. Other potential partners include corporate or business sponsors, governmental leaders, foundations, local community or professional organizations, and media professionals who have an interest in the goals of the project.

Frame The Message

Each community has political, business, religious, and organizational groups that support various policies and points of view. They represent political and social power bases that are reflected in formal and informal decisions about addiction-related stigma. When individuals seek to make changes, such as changing norms, opinions, or policies, it is important to work with these groups to identify the problem, identify the desired change, and illustrate how they might benefit from the changes.

Inform Partners

Campaigns can be controversial and are not without risk. Organizations should assess the extent of support and opposition. Those receiving funding from State or other sources should inform their funding sources about their intentions to ensure the sponsor's support and avoid violating its rules. Collaboration is built on overlapping interests. There may be consensus about defining the problem but differences about how to solve it. Establish the individual, mutual, and joint benefits each partner will accrue.

Conduct Pretests

Campaigns should pretest materials with an audience that is representative of the target audience. The materials to be tested should not be in a final state—they can be storyboards, facsimiles of posters or billboard ads, or "rough cuts" of PSAs. The goal is to examine whether the audience is perceiving the message in the way it was intended, finds the materials appealing and attractive, understands and responds to the language, remembers the message, and is not offended or put off by some aspect of it.

Pretesting should be conducted at a stage that permits correction, refinement, and change of the materials.

PHASE 3—IMPLEMENTING STIGMA PREVENTION CAMPAIGNS

After the campaign planning steps have been completed, the campaign can be implemented. Implementation steps can involve introducing the campaign, actively collaborating with community partners, conducting a process evaluation, and making necessary corrections.

Introduce The Campaign

Introduce campaigns to the community with flair. A press conference that leads to news coverage is very effective. A stigma prevention campaign can use a press conference to announce the campaign and present the theme, objectives, activities, and participants. A press conference can provide a forum to present documentation about the problem and address specific issues that need changing. As the campaign continues, opportunities will arise for presentations in news coverage, in editorials, and on television and radio talk shows.

Actively Collaborate With Community Partners

Community collaboration is important throughout the delivery phase. Having supportive community partners speak at a press conference signals unity, power, and credibility. Using community partners to help present the issues to the press—through letters to the editor or talk shows—suggests that the issue does not belong

to a single advocacy organization, but to the whole community. Alternatively, having a disgruntled community partner air disagreements in the press can be destructive. Once collaborations are developed and established during the assessment and planning stages, they should be publicly supported during delivery.

Conduct A Campaign Process Evaluation

A process evaluation is a descriptive and ongoing evaluation that describes what happened as a project was started, implemented, and completed. In some ways, it can be the most critical element of successful delivery. Detailed attention is given to each activity to ensure high quality, effectiveness, and consistency with the plan. A process evaluation pinpoints factors that either facilitated successful aspects of implementation or hindered them.

Conduct Media Tracking

In relation to mass media components, it is important to determine whether television and radio stations are airing PSAs at agreed-upon frequency and times. This process, called media tracking, provides an estimated exposure reach for the designated target audience. This is one common evaluation measurement for a campaign.

Monitor Partners

It is important to monitor the activities of collaborating organizations to determine whether they are carrying out anticipated activities in a timely manner and whether their activities reflect the agreed-upon message and strategies. It is also important to track the sequencing of events.

Make Necessary Corrections

Real-life events generally alter preconceived ideas of how projects should be accomplished. If an aspect of a planned strategy "falls apart" or is not completed in the anticipated timeframe, careful tracking will highlight the problem and give you the opportunity to compensate for or correct the problem. There is nothing wrong with aborting a strategy that is not working, particularly if costs are increasing, or with delaying a media event if the pieces are not in place to make it work.

Media advocacy approaches are particularly difficult to plan, as much of the effectiveness of the approach requires taking advantage of immediate, and perhaps unanticipated, opportunities. Controversy is part of the basic media advocacy strategy, and opportunities to point out differences of opinion are often unpredictable.

PHASE 4—EVALUATING PREVENTION CAMPAIGNS

Evaluation weaves through all stages of program development. Outlining an evaluation strategy begins with collecting assessment data, including information needed to determine the status of the target audience or environmental conditions. It continues with crafting measurable objectives, conducting a formative evaluation in the planning stage, and gathering process data in the delivery stage.

An evaluation plan must be active throughout the life of the project, providing continual feedback about the consequences of campaign decisions. There are four basic types of evaluations.

- ***A formative evaluation*** is carried out during the planning phase to define the target audience and determine whether materials will have the anticipated effect.
- ***A process evaluation*** is generally carried out during delivery. It ensures that each step of the plan is completed as intended and identifies activities that facilitate or hinder implementation.
- ***An outcome evaluation*** is completed at the end of the project. It describes and documents the extent to which the objectives have been accomplished, especially with respect to short-term results.
- ***An impact evaluation*** examines the extent to which the larger goal is achieved. It is generally done in follow-up studies or as part of a longitudinal research effort to determine lasting results.

Conduct outcome evaluations. Outcome evaluation plans begin during assessment stages. For example, baseline data must be gathered to determine (1) the status of the target audience regarding demographic and psychographic data, awareness, knowledge, attitudes, and behaviors; (2) the status of a stigma problem for which change is sought, including those affected by it and those perpetuating it; or (3) the extent and status of media depictions for which change is sought.

Outcome evaluations examine the extent to which desired changes have been achieved. Thus, they include clear statements of measurable objectives from which meaningful measurements and comparisons can be drawn. Since campaigns rarely have funds to conduct expensive evaluations, simple outcome strategies often suffice. A pre-intervention and a post-intervention survey of target audiences, such as for a PSA, can document changes in knowledge, awareness, or attitudes, although changes in behavior usually require more sophisticated techniques.

Involve stakeholders in evaluations. Stakeholders should participate in all phases of program implementation, from collecting and analyzing information about the problem and the affected population, to planning the evaluation. For stigma-related campaigns, individuals who are the subject of stigma should be involved in the design, planning, and implementation processes. They can provide invaluable insights to all phases. Involving stakeholders in the evaluation process can also help generate creative ideas about disseminating evaluation results.

Seek professional assistance. Most of us do not have the expertise to negotiate the land mines of campaign evaluation design. It is worth obtaining consultation from a skilled evaluator to think through the difficult issues, such as the relationship of objectives to outcomes, obtaining and evaluating assessment data, and overall campaign design. Even when planning simple, low-budget evaluations, it is wise to obtain evaluation assistance. Local academicians and researchers are often willing to provide free or low-cost help. Some may be affiliated with a community partner and may consider an in-kind contribution.

CHAPTER 3

Worksheets

In Chapter Two, several of the prevention strategies referred to worksheets. The worksheets and checklists in this chapter can be used to provide an organizing structure for various processes. Using the worksheets and checklists as models, consider developing your own, based on your own specific needs and tasks.

The worksheets provided here can help you conduct brainstorming sessions about conducting stigma prevention campaigns and enlisting the assistance of other potential community partners. Several worksheets can help you work more effectively with the media. This chapter includes checklists for developing press releases, press packets, and convening press conferences.

The chapter also includes worksheets for planning presentations and organizing audiovisual equipment, as well as suggestions for speakers at press conferences, tips for participating in interviews, and a checklist for participating in media interviews. It also includes worksheets and tips for developing campaign messages.

Stigma reduction begins with each individual. We each need to confront stigma in ourselves, others, and in the treatment systems in which we work.

— Cosco A. Williams, Veterans Health Administration, Atlanta, Georgia

WORKSHEET 1—BRAINSTORMING

Potential stigma problems to be addressed:

Which problems would you like to focus on immediately?

What specific group is being hurt by this problem?

What specific group is perpetuating this problem?

Why do you want to conduct a campaign?

What approaches and strategies might be appropriate?

Do other people share your desire for change?

Who might be a potential partner to discuss this with?

What shared goals do you have with them?

Are there any potential conflicts with them?

Where are the land mines?

WORKSHEET 2—ENLISTING COMMUNITY ASSISTANCE

List potential opinion makers (people in leadership positions, leaders of community organizations, media decision makers, media personalities, or regional celebrities).

List potential advocates (such as healthcare professionals, treatment professionals, people in recovery, significant others of people in recovery, clergy, civil rights leaders, experts and researchers, media representatives, and businesspeople).

List potential volunteers (such as people from treatment programs, treatment education organizations, professional societies, patient groups, and self-help groups; also specialists in advertising, media, community organizing, public education, evaluation design, and grant writing).

WORKSHEET 3—CHECKLIST FOR PRESS RELEASES

- ☐ Is the headline strong, concise, and newsworthy?
- ☐ Is the first paragraph concise, strong, and newsworthy?
- ☐ Is the most important information provided in the first paragraph?
- ☐ Do you answer the question: "What is happening?"
- ☐ Do you answer the question: "When (date and time) is it happening?"
- ☐ Do you answer the question: "Where (name and address of the place) is it happening?"
- ☐ Do you answer the question: "Who (complete campaign name) is conducting the event?"
- ☐ Do you answer the question: "Why is it important?"
- ☐ Overall, is the most important information placed first, followed by general and background information?
- ☐ Did you consider using a direct quote within the first three paragraphs of the press release?
- ☐ Did you have the press release edited and proofread?
- ☐ Do you have fact sheets or background materials to accompany the press releases?

WORKSHEET 4—PRESS PACKET CHECKLIST

- ☐ Press packet folder with your logo, contact information, website URL
- ☐ Campaign brochure
- ☐ General campaign fact sheets
- ☐ Fact sheets describing stigma
- ☐ Fact sheets describing the effects of stigma
- ☐ Fact sheets illustrating examples of stigma
- ☐ Fact sheets of personal stories about stigma
- ☐ Fact sheets of stigma-related statistics
- ☐ Fact sheets about upcoming activities
- ☐ Fact sheets about campaign updates
- ☐ Fact sheets with campaign principals' biographies
- ☐ Fact sheets with campaign successes and outcomes
- ☐ Photographs of principals and events
- ☐ Media mentions, op-eds, and letters to the editor
- ☐ Speeches and papers
- ☐ Electronic version of press packet available on website for instant accessibility and download

WORKSHEET 5—PRESS CONFERENCE CHECKLIST

Event:

- ☐ Logistics coordinator:
- ☐ Date and time:
- ☐ Address:
- ☐ Media advisory
- ☐ Press release
- ☐ Press packet
- ☐ Posters or flip charts
- ☐ Banner with campaign name
- ☐ Props
- ☐ List of media invitees
- ☐ Speaker agenda with complete names and titles
- ☐ Speaker bios
- ☐ Presentation text or summaries
- ☐ Broadcast media sound bites
- ☐ Print media sound bites
- ☐ Media sign-in sheet

WORKSHEET 6—PRESS CONFERENCE SPEAKER TIPS

- Select strong speakers who are charismatic, articulate, and authoritative, or who have compelling personal stories and can tell them well.
- Develop text for all speakers, which when read, should be limited to 3 to 5 minutes each.
- Ensure that each speaker supports the primary message but makes different supportive points.
- Ensure that each speaker addresses only one or two important points.
- Develop answers to anticipated questions. Ensure that these are brief and to the point.
- Develop several 10- to 12-word sound bites and several one- to three-line quotes for mass media.
- Prepare speakers carefully on the primary message of the press conference and the supportive points.
- Conduct a practice press conference and a practice question-and-answer session the day before.
- Prepare speakers in advance about how to answer difficult questions.
- Have speakers practice using the sound bites.

WORKSHEET 7—PRESENTATION PLANNER

Event:

Logistics coordinator:

Date and time:

Location:

Attendees:

Primary goal:

Objective 1:

Objective 2:

Objective 3:

Primary message:

Anticipated questions:

Prepared responses:

Mass media sound bites:

Materials provided:

Props provided:

Audiovisuals required:

WORKSHEET 8—AUDIOVISUAL FORM

Event:

Logistics coordinator:

Date and time:

Address:

- ☐ Podium
- ☐ Microphone: Podium, handheld or wireless
- ☐ Laser pointer
- ☐ Flip charts
- ☐ Flip chart markers
- ☐ Projector
- ☐ Desktop or laptop computer
- ☐ Internet connection
- ☐ DVD Player
- ☐ Television monitor

WORKSHEET 9—INTERVIEW TIPS

Before The Interview:

- ☐ Ask who will be conducting the interview.
- ☐ Ask which subject areas the interviewer wants to cover.
- ☐ Inform the interviewer if some of the subject areas represent areas about which you do not have expertise or knowledge.
- ☐ Ask about the format and duration of the interview.
- ☐ Prepare and practice.

During The Interview

- ☐ Be honest, accurate, and cooperative.
- ☐ Focus on your message and supportive points.
- ☐ State your conclusions early on, then provide supportive reasons.
- ☐ Provide explanations for issues the interviewer seems not to understand.
- ☐ Offer to obtain information requested that you don't know.

After The Interview

- ☐ Provide contact information, including after-hours phone numbers.
- ☐ Rapidly obtain and provide any information requested or promised.
- ☐ Proactively ask if there is anything else you can provide or do.

WORKSHEET 10—MEDIA INTERVIEW CHECKLIST

Date and time:

Location:

Media representative:

Primary goal:

Objective 1:

Objective 2:

Objective 3:

Primary message:

Point 1:

Point 2:

Point 3:

Anticipated questions:

Prepared responses:

Mass Media sound bites:

WORKSHEET 11—DEVELOPING A CAMPAIGN MESSAGE

People often develop campaign messages prematurely. They frequently jump the gun and start thinking about sound bites and clever campaign slogans. Campaign messages should be developed as a latter step in a stigma campaign message development process. The following can help you to think through the campaign message development process.

Step 1

What do you want generally? What is your general goal for the campaign? If you had to say it in one sentence, what do you hope to achieve through the campaign?

Step 2

What do you want specifically? Within the general goal, what are the specific objectives you hope to accomplish? Are you trying to influence behaviors, perspectives, opinions, attitudes, knowledge, intentions, regulations, policies, laws, or norms?

Step 3

Who do you need to influence? Who is your target group? Are you trying to influence the target group directly? Do you need to influence a group of decision- and policy-makers first to influence your ultimate target group? Does your target group consist of subgroups that might be reached by different messages or methods?

Step 4

What do they need to be influenced? What information does the target group need to hear to be influenced? Do members of the target group need facts and figures about treatment success? Do they need emotional appeals about denial of treatment? Do they need to understand the ways in which people are currently being hurt by stigma? Do they need to learn that certain behaviors are not considered acceptable by most people?

Step 5

How are they most likely to hear it? What mechanism is most likely to expose members of the target group to the message? Are people in the target group accessible through such media channels as print, radio, television, or the Internet? Are the target group members likely to be reached through community meetings, school events, weekend events, health fairs, word of mouth, professional associations, or parent groups?

WORKSHEET 12—TIPS FOR CAMPAIGN MESSAGES

- Present a simple and unified message. Don't let several messages compete.
- Highlight the human aspect. Audiences that feel connected to the human aspect may be more willing to take action.
- Appeal to social justice. Stigma prevention is about not hurting people. Present a passionate argument about compassion, based on facts.
- State conclusions first, then support them. Get to the point and state the fundamental points being made. Once done, provide supportive information and details.
- Designs and props can be memorable. Use compelling photographs, creative props, and banners to make your points.
- Simplify technical jargon. Present statistics and technical information in easy-to-understand language that can be understood by most people.
- Be concise and keep the focus narrow. Don't attempt to say or provide information about every aspect of stigma. Providing too much information will overwhelm the audience.

CHAPTER 4

RESOURCES

The primary goal of this guide is to increase your knowledge and enhance your skills regarding the development of stigma prevention campaigns. This guide is based on research evidence, practice evidence, and the lessons learned from substance abuse prevention, public health communication, and mental health anti-stigma efforts.

Some of the strategies presented in this guide are quite simple and can be implemented based solely on the information in this guide. In contrast, some of the strategies in this guide are somewhat complex. In both situations, your ability to conduct strategies can be enhanced by gaining additional information, training, and experience. The following resources can help you accomplish these goals.

The print and online resources provided are organized by their primary focus, including the following:

Community action—to help you create and maintain community-based groups and activities;

Media advocacy, health communication, and social marketing—to provide additional information about the principles and processes involved in media-based prevention efforts;

Media and public relations—to provide more information about working with the media and getting your message out;

Prevention planning and development—to provide greater detail about conceptualizing, developing, maintaining, and evaluating prevention campaigns.

Stigma—to provide general resources and background information about stigma.

This chapter also provides contact information and a brief description about several organizations and agencies. Some of the groups provide information regarding stigma or stigma prevention, and some provide information about developing prevention campaigns.

I challenge you to become advocates for a society in which addiction is recognized as a treatable disease, and people who are addicted, in recovery, and at risk are valued and treated with dignity. —Susanne R. Rohrer, RN, Center for Substance Abuse Treatment, Rockville, Maryland

PRINT AND ONLINE RESOURCES

Community Action

Edwards RW, Jumper-Thurman P, Plested BA, Oetting, ER, and Swanson L. The community readiness model: Research to practice. Journal of Community Psychology 28(3):291-307, 2000.

Holder HD. Alcohol and Community: A Systems Approach to Prevention. Cambridge, England: Cambridge University Press, 2006.

Peterson NA, and Reid RJ. Paths to psychological empowerment in an urban community: Sense of community and citizen participation in substance abuse prevention activities. Journal of Community Psychology 31(1):25-38, 2003.

The Robert Wood Johnson Foundation. Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol. The Robert Wood Johnson Foundation, 2002.

Valente TW, Chou CP, and Pentz M. Community Coalitions as a System: Effects of Network Change on Adoption of Evidence-Based Substance Abuse Prevention. American Journal of Public Health. 97(5):880-886, 2007.

Wandersman A and Florin P. Community interventions and effective prevention. American Psychologist 58(6-7):441-448, 2003.

Media Advocacy, Health Communication, And Social Marketing

Bonk K, Tynes E, Griggs H, and Sparks P. (eds.). Strategic Communications for Nonprofits: A Step-by-Step Guide to Working with the Media. San Francisco: Jossey-Bass, 2008.

Cho H. (ed.). Health Communication Message Design: Theory and Practice. Thousand Oaks, CA: SAGE Publications, Inc, 2011.

Grier S and Bryant CA. Social marketing in public health. Annual Review of Public Health 26:319-339, 2005.

Hastings G, Angus K and Bryant CA (eds.). The SAGE Handbook of Social Marketing. Thousand Oaks, CA: SAGE Publications Ltd, 2011.

Jordan A, Kunkel D, Manganello J and Fishbein M (eds.). Media Messages and Public Health: A Decisions Approach to Content Analysis. London, England: Routledge, 2008.

Keller PA and Lehmann DR. Designing Effective Health Communications: A Meta-Analysis. Journal of Public Policy & Marketing 27(2):117-130, 2008.

Parker JC and Thorson E. Health Communication in the New Media Landscape. New York, NY: Springer Publishing Company, 2008.

Randolph W and Viswanath K. Lessons Learned from Public Health Mass Media Campaigns: Marketing Health in a Crowded Media World. Annual Review of Public Health 25: 419-437, 2004.

Rimal RN and Adkins AD. Using computers to narrowcast health messages: The role of audience segmentation, targeting and tailoring in health promotion. In Thompson TL, Dorsey AM, Miller K and Parrot R (eds.). Handbook of Health Communication. Mahwah, NJ: Lawrence Erlbaum Associates Publishers, 2003.

Seale C. Media and Health. Thousand Oaks, CA: SAGE Publications Ltd., 2003.

Thackeray, R, Neiger, BL, Hanson, CL and Mckenzie, JF. Enhancing Promotional Strategies Within Social Marketing Programs: Use of Web 2.0 Social Media. Health Promotion Practice 9 (4):338-343, 2008.

Media And Public Relations

Beckwith SL. Streetwise Complete Publicity Plans: How to Create Publicity That Will Spark Media Exposure and Excitement. Avon, MA: Adams Media Corporation, 2003.

Bivins TH. Public Relations Writing: The Essentials of Style and Format. Lincolnwood, IL: NTC Publishing Group, 2010.

Diana DP. Marketing for the Mental Health Professional: An Innovative Guide for Practitioners. Hoboken, NJ: John Wiley & Sons, Inc., 2010.

Golombisky K and Hagen R. White Space is Not Your Enemy: A Beginner's Guide to Communicating Visually through Graphic, Web and Multimedia Design. Burlington, MA: Focal Press, 2010.

Halvorson K and Rach M. Content Strategy for the Web, 2nd Edition. Indianapolis, IN: New Riders Press, 2002.

Hart H. Successful Spokespersons Are Made, Not Born. Bloomington, IN: 1st Author House, 2007.

Holtz S. Public Relations on the Net: Winning Strategies to Inform and Influence the Media, the Investment Community, the Government, the Public, and More! New York: AMACOM Books, 2002.

Howard CM and Mathews WK. On Deadline: Managing Media Relations. Long Grove, IL: Waveland Press, Inc., 2006.

Jones S. Encyclopedia of New Media. Thousand Oaks, CA: SAGE Publications, 2002.

McIntyre CV. Writing Effective News Releases: How to Get Free Publicity for Yourself, Your Business, or Your Organization. Colorado Springs, CO: Picadilly Books, Ltd., 2008.

O'Keefe S. Complete Guide to Internet Publicity: Creating and Launching Successful Online Campaigns. Hoboken, NJ: Wiley, 2002.

Robbins JN. Learning Web Design: A Beginner's Guide to (X)HTML, Style Sheets, and Web Graphics. Sebastopol, CA: O'Reilly Media, 2007.

Salzman J. Making the News: A Guide for Nonprofits and Activists. New York, NY: Basic Books, 2003.

Stewart S. Media Training 101: A Guide to Meeting the Press. Hoboken, NJ: John Wiley & Sons, Inc., 2004.

Walker TJ. Media Training A-Z. New York, NY: Media Training Worldwide, 2008.

Wilcox DL and Jackson P. Public Relations Writing and Media Techniques. Boston, MA: Allyn & Bacon, 2009.

Yale DR and Carothers A. The Publicity Handbook, New Edition: The Inside Scoop from More than 100 Journalists and PR Pros on How to Get Great Publicity Coverage. New York, NY: McGraw-Hill, 2001.

Yudkin M. 6 Steps to Free Publicity. Franklin Lakes, NJ: Career Press, 2009.

Prevention Planning, Development, And Evaluation

Boulmetis J and Dutwin P. The ABCs of Evaluation: Timeless Techniques for Program and Project Managers. Hoboken, NJ: John Wiley & Sons, Inc., 2005.

Center for Substance Abuse Prevention. Focus on Prevention. Rockville, MD, 2005.

Center for Substance Abuse Prevention. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis. Rockville, MD, 2008.

Fisher GL and Roget NA. Encyclopedia of Substance Abuse Prevention, Treatment and Recovery. Thousand Oaks, CA: SAGE Publications, Ltd., 2009.

Hogan J, Gabrielsen K, Luna N and Grothaus D (eds.). Substance Abuse Prevention: The Intersection of Science and Practice. Boston, MA: Allyn & Bacon, 2002.

Johnson K, Hays C and Daley C. Building capacity and sustainable prevention innovations: a sustainability planning model. Evaluation and Program Planning 27(2):135-149, 2004.

MA GX and Henderson G. Ethnicity and Substance Abuse: Prevention and Intervention. Springfield, IL: Charles C Thomas, 2002.

Sloboda Z and Bukoski WJ (eds.). Handbook of Drug Abuse Prevention. New York, NY: Springer Science+Business Media, LLC, 2006.

Straussner SLA, De La Rosa M and Holleran L. Substance Abusing Latinos: Current Research on Epidemiology, Prevention and Treatment. Binghamton, NY: The Haworth Social Work Practice Press, 2005.

Stigma

Ahern J, Stuber J, and Galea S. Stigma, discrimination and the health of illicit drug users. Drug and Alcohol Dependence 88(2-3): 188- 196, 2007.

Center for Substance Abuse Treatment. Changing the Conversation: The National Treatment Plan Initiative. Rockville, MD: Center for Substance Abuse Treatment, 2000.

Conner KO, and Rosen D. "You're nothing but a junkie": Multiple experiences of stigma in an aging methadone maintenance population. Journal of Social Work Practice in the Addictions 8(2): 244-264, 2008.

Corrigan PW. Testing social cognitive models of mental illness stigma: The prairie state stigma studies. Psychiatric Rehabilitation Skills 6:232-254. 2002.

Couture SM, and Penn DL. Interpersonal contact and the stigma of mental illness: A review of the literature. Journal of Mental Health 12:291-305, 2003.

Luoma JB, Twohig MP, Waltz T, Hayes SC, Roget N, Padilla M et al. An investigation of stigma in individuals receiving treatment for substance abuse. Addictive Behaviors 32(7):1331-1346, 2007.

Maremmani I, and Pacini M. Combating the stigma: Discarding the label "substitution treatment" in favour of "behavior-normalization treatment." Heroin Addiction and Related Clinical Problems 8(4): 5-8: 2006.

PW, Watson AC and Miller FI. Blame, shame and contamination: The impact of mental illness and drug dependence stigma on family members. Journal of Family Psychology 20(2): 239-246, 2006.

Schomerus G, Corrigan PW, Klauer T, Kuwert P, Freyberger HJ and Lucht M. Self-stigma in alcohol dependence: consequences for drinking-refusal self efficacy. Drug and Alcohol Dependence 114(1):12-7, 2011.

Schomerus G, Lucht M, Holzinger A, Matschinger H, Carta MG, Angenmeyer MC. The stigma of alcohol dependence compared with other mental disorders: a review of population studies. Alcohol and Alchoholism 46(2):105-112, 2011.

Simmonds L, and Coomber R. Injecting drug users: A stigmatized and stigmatizing population. International Journal of Drug Policy 20(2):121-130, 2009.

Smith SM, Dawson DA, Goldstein RB and Grant BF. Examining perceived alcoholism stigma effect on racial-ethnic disparities in treatment and quality of life among alcoholics. Journal of Studies on Alcohol and Drugs 71(2):231-236, 2010.

Thorburn, D. Alcholism Myths and Realities: Removing the Stigma of Society's Most Destructive Disease. Northridge, CA: Galt Publishing, 2005.

Valdiserri RO. HIV/AIDS Stigma: An Impediment to Public Health. American Journal of Public Health 92(3):341-342, 2002.

Woll P. Healing the stigma of addiction: A guide for treatment professionals. Chicago, IL: Great Lakes Addiction Technology Transfer Center, 2005.

Yannessa JF, Reece M, and Basta TB. HIV provider perspectives: The impact of stigma on substance abusers living with HIV in a rural area of the United States. AIDS Patient Care 22(8):669-675, 2008.

ORGANIZATIONS AND AGENCIES

The following organizations, associations, and agencies provide information on stigma, stigma prevention, or developing prevention campaigns. Some of the organizations that provide information on stigma may focus on mental health but also address substance abuse. Similarly, some of the resources on conducting prevention campaigns focus on substance abuse prevention rather than stigma prevention. However, the principles and processes employed by substance abuse prevention campaigns are applicable to stigma prevention campaigns.

The Addiction Technology Transfer Center Network

National Office

University of Missouri – Kansas City
5100 Rockhill Road
Kansas City, MO 64110
Phone: (816) 235-6888
Internet: www.attcnetwork.org
Email: NO@ATTCnetwork.org

A nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services field, the ATTC Network raises awareness of evidence-based and promising treatment and recovery practices, builds skill to prepare the workforce to deliver state-of the-art addictions treatment and recovery services and, changes practice by incorporating these new skills into every use for the purpose of improving addictions treatment and recovery outcomes. The network is comprised of 14 Regional Centers and a National Office and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Advertising Council

New York Office
815 Second Avenue, 9th Floor
New York, NY 10017
Phone: (212) 922-1500

Washington D.C. Office
The Advertising Council
1203 19th Street NW, 4th floor
Washington, D.C. 20036
Phone: (202) 331-9153
Internet: www.adcouncil.org

The Ad Council produces, distributes, promotes, and evaluates public service communications programs. It provides information, resources, and assistance to community groups about public service campaigns.

The Anti-Stigma Project

On Our Own of Maryland, Inc.
1521 South Edgewood Street, Suite C
Baltimore, MD 21227
Phone: (800) 704-0262; 410.646.2875
Internet: www.onourownmd.org
Email: anti-stigma@usa.net

The Anti-Stigma Project is a collaborative effort among mental health consumers, family members, providers, educators, and administrators, and it is dedicated to reducing stigmatizing attitudes, behaviors, and practices within the mental health and substance abuse community.

The Centre For Addiction And Mental Health (CAMH)

Addictions Program

33 Russell Street, 1st Floor
Toronto, ON M5S 2S1, Canada
Phone: (416) 535-8501
Internet: www.camh.net

CAMH is Canada's largest mental health and addiction teaching hospital. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

Community Anti-Drug Coalitions Of America (CADCA)

625 Slaters Lane, Suite 300
Alexandria, VA 22314
Phone: (800) 54-CADCA
Internet: www.cadca.org

Since 1992 Community Anti-Drug Coalitions of America (CADCA) has been training local grassroots groups, known as community anti-drug coalitions, in effective community problem-solving strategies, teaching them how to assess their local substance abuse-related problems and develop a comprehensive plan to address them.

The Higher Education Center For Alcohol, Drug Abuse, And Violence Prevention

Education Development Center, Inc.
43 Foundry Avenue
Waltham, Massachusetts 02453-8313
Phone: (800) 676-1730
Internet: www.higheredcenter.org
Email: HigherEdCtr@edc.org

Funded by the U.S. Department of Education, the Higher Education Center provides support to all institutions of higher education in their efforts to address the problems related to alcohol and other drug abuse and violence.

Mental Health America

2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311
Phone: (800) 969-6642
Internet: www.nmha.org

Mental Health America (formerly known as the National Mental Health Association) is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. With more than 320 affiliates nationwide, it represents a growing movement of Americans who promote mental wellness for the health and well being of the nation – everyday and in times of crisis.

National Alliance For The Mentally Ill (NAMI)

3803 N. Fairfax Dr., Ste. 100
Arlington, VA 22203
Phone: (703) 524-7600
Internet: www.nami.org

The National Alliance for the Mentally Ill is a nonprofit, grassroots, self-help, support, and advocacy organization of consumers, families, and friends of people with mental health problems. It provides education, supports increased research funding, and advocates for adequate health insurance, housing, rehabilitation, and jobs.

National Mental Health Consumers' Self-Help Clearinghouse

1211 Chestnut Street, Suite 1207
Philadelphia, PA 19107

Phone: (800) 553-4539
Internet: www.mhselfhelp.org/
Email: info@mhselfhelp.org

The National Mental Health Consumers' Self-Help Clearinghouse, the nation's first national consumer technical assistance center, has played a major role in the development of the mental health consumer movement. The consumer movement strives for dignity, respect, and opportunity for those with mental illnesses.

National Stigma Clearinghouse

245 Eighth Avenue, Suite 213
New York, NY 10011
Phone: (212) 255-4411
Internet: www.stigmanet.org

The National Stigma Clearinghouse is an independent, volunteer, anti-bias project. It does not provide mental health services.

On Our Own Of Maryland, Inc.

The Anti-Stigma Project

1521 S. Edgewood Street, Suite C
Baltimore, MD 21227
Phone: (410) 646-2875
Internet: www.onourwonmd.org

The Anti-Stigma Project was formed in 1993 by the Maryland Mental Hygiene Administration to reduce stigma within the mental health system. The mission of The Anti-Stigma project is to fight stigma by raising consciousness, facilitating ongoing dialogues, searching for creative solutions, and educating all participants within or connected to the mental health community, including consumers, family members, providers, educators, and administrators.

Substance Abuse And Mental Health Administration

SAMHSA

1 Choke Cherry Road
Rockville, MD 20857
Phone: (877) 726-4727
Internet: www.samhsa.gov
Email: SAMHSAInfor@samhsa.hhs.gov

SAMHSA is a Federal Government agency that seeks to target effectively substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system.

SAMHSA CENTERS

Center For Behavioral Health Statistics And Quality (CBHSQ)

Phone: (240) 276-1250
CBHSQ has the primary responsibility for collecting, analyzing, and disseminating behavioral health data.

Center For Mental Health Services (CMHS)

Phone: (240) 276-1310
CMHS leads Federal efforts to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible.

Center For Substance Abuse Prevention (CSAP)

Phone: (240) 276-2420
CSAP provides national leadership in the Federal effort to prevent alcohol, tobacco, and other drug problems.

Center For Substance Abuse Treatment (CSAT)

Phone: (240) 276-1660
CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program.

Partners For Recovery

Internet: www.partnersforreovery.samhsa.gov
Email: pfr@samhsa.hhs.gov
The Partners for Recovery Initiative supports and provides technical resources to those who deliver services for the prevention and treatment of substance use conditions and co-occurring mental health and seeks to build capacity and improve services and systems of care.

OTHER SAMHSA RESOURCES

Resource Center To Promote Acceptance, Dignity And Social Inclusion Associated With Mental Health (ADS Center)

SAMHSA ADS Center
4350 East West Highway, Suite 1100
Bethesda, MD 20814
Phone: (800) 540-0320
Internet: www.stopstigma.samhsa.gov/
Email: promoteacceptance@samhsa.hhs.gov

The Center enhances acceptance and social inclusion by ensuring that people with mental health problems can live full, productive lives within communities without fear of prejudice and discrimination. It provides information and assistance to develop successful efforts to counteract prejudice and discrimination and promote social inclusion.

Collaborative For The Application Of Prevention Technologies (CAPT)

National Office
Education Development Center, Inc.
43 Foundry Avenue
Waltham, MA 02453-8313
Phone: (617) 618-2324
Internet: http://captus.samhsa.gov/

A national substance abuse prevention training and technical assistance (T/TA) system dedicated to strengthening prevention systems and the nation's behavioral health workforce. CAPT provides services through its five Resource Teams:

1. Central

Education Development Center, Inc.
43 Foundry Avenue
Waltham, MA 02453-8313
Phone: (888) EDC-CAPT
Email: COliver@edc.org

2. Northeast

Education Development Center, Inc.
43 Foundry Avenue
Waltham, MA 02453-8313
Phone: (888) EDC-CAPT
Email: CKlevgaard@edc.org

3. Southeast

Education Development Center, Inc.
160 Clairemont Avenue, Suite 200
Decatur, GA 30030
Phone: (678) 954-5821
Email: ISmith@edc.org

4. Southwest

Southwest Prevention Center
University of Oklahoma
1639 Cross Center, Dr., Rm. 254
Norman, OK 70319
Phone: (800) 853-2572, (405) 325-1454
Email: mariecox@ou.edu

5. West

Center for the Application of Substance Abuse Technologies
University of Nevada, Reno
Mail Stop 279
Reno, NV 89557
Phone: (888) 734-7476
Email: aohair@casat.org