The Stigmatization of Justice-involved Individuals with Substance Use Disorders

Perspectives from Criminal Justice Practitioners and those with Lived Experience

LAPPA
LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

RULO STRATEGIES LLC

This project was supported by Grant No. G1999ONDCP03A awarded by the Office of National Drug Control Policy, Executive Office of the President. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.

Acknowledgments

The Legislative Analysis and Public Policy Association (LAPPA) is grateful to the Office of National Drug Control Policy, Executive Office of the President, for its funding of this publication. LAPPA appreciates and acknowledges its invaluable partnership with Rulo Strategies LLC for its critical collaboration in developing this publication.

Tara Kunkel
Founder and Executive Director
Rulo Strategies LLC
Arlington, Virginia

The development of this publication would not have been possible without the participation of the subject matter experts mentioned below. Their dedication to this project was evidenced in their generous contributions and thoughtful commentary. In addition, Joel Cohen and Kristina Bryant are recognized for helping shape this project and for their commitment to advancing awareness of this critical topic.

Susan Broderick
Program Director
National District Attorneys Association

Nelson Bunn
Executive Director
National District Attorneys Association

Kristina Bryant
Principal Court Management Consultant
National Center for State Courts

Jac Charlier
Executive Director
Treatment Alternatives for Safe Communities (TASC)
Center for Health and Justice

Sheriff James Custer
Fayette County, PA

Beth Elstad
Person in Long-term Recovery

Jonathan Goyer
Person in Long-term Recovery

Kathy Griffin
President
National Association of Court Management

Chyna Hinnant
Person in Long-term Recovery

Peter J. Koutoujian
Sheriff, Middlesex County, MA
President, Major County Sheriffs of America, Inc.

David LaBahn
President/CEO
Association of Prosecuting Attorneys

Brian Lovins, Ph.D.
President
American Probation and Parole Association

Thomas M. Maioli, Jr.
Executive Director
Pennsylvania Sheriffs' Association

Yolanda Morrissette
Person in Long-term Recovery

Nicole Munoz
Administrator of Consulting and Training
Treatment Alternatives for Safe Communities (TASC)
Center for Health and Justice

Rebecca Neville
Staff Attorney
Association of Prosecuting Attorneys

Aimee Peterson
Program Associate/Membership Director
Association of Prosecuting Attorneys

Alicia Osborne
Director of Business Development
Treatment Alternatives for Safe Communities (TASC)

Rick Pierce
Vice President
National Association of Court Management

Suggested citation: Kunkel, T. (2021). *The Stigmatization of Justice-involved Individuals with Substance Use Disorders: Perspectives from Criminal Justice Practitioners and those with Lived Experience.* Washington, DC: Legislative Analysis and Public Policy Association.

Table of Contents

Introduction

This project examines stigma towards individuals with a substance use disorder who have contact with the justice system. "Stigma" is defined as stereotypes or negative views attributed to a person or groups of people whose characteristics or behaviors are viewed as different from, or inferior to, societal norms.[1] Stigma may be attached to any aspect of an individual's perceived social identity or condition.

Surveys of public attitudes about various stigmatizing conditions indicate that individuals with a substance use disorder are viewed more negatively than individuals with a mental health disorder.[2] Involvement in the justice system is also stigmatized. Thus, individuals with substance use disorders and involved in the criminal justice system are subject to multiple stigmas.

According to data from 2018, approximately one in 40 adult U.S. residents were under some form of corrections supervision,[3] including more than 2.1 million people incarcerated in a correctional facility and 6.4 million people under community supervision.[4] The general public often views individuals who have had contact with the justice system as untrustworthy, unintelligent, and dangerous.[5] Negative perceptions from community members, poor self-concept, and shame can hinder justice-involved individuals' efforts to obtain employment and complete probation requirements, all of which may increase the risk of recidivism.[6]

Individuals with substance use disorders are overrepresented in the criminal justice system.[7] More than half (58 percent) of state prisoners and two-thirds (63 percent) of sentenced jail inmates met the criteria for drug dependence or abuse, according to data collected through the 2007 and 2008-09 National Inmate Survey.[8] In comparison, approximately five percent of the general population age 18 or older met the criteria for a substance use disorder during the same period.[9] Similarly, the rate of substance use disorders among individuals on community supervision is four to nine times higher than observed in the general population.[10]

Stigmatization occurs on societal, interpersonal, and individual levels and manifests itself on three levels: public stigma, self-stigma, and professional/institutional stigma (see *Figure 1*).[11]

Figure 1: Types of Stigma Involving Individuals with Substance Use Disorder

Types of Stigma

Public Stigma
Public stigma includes stigmatized attitudes and beliefs the general public holds towards a specific group of individuals; stigma can manifest itself in avoidance, blame, and judgment of people who use substances.

Self-Stigma
Self-stigma is internalized stigma which may lead to shame, guilt, reduced sense of hope, social withdrawal, isolation, and decreased compliance with treatment.

Professional or Institutional Stigma
Professional or institutional stigma can be reflected within policies and practices. Institutional stigma can perpetuate and worsen a person's stigmatized status by reinforcing differentiation and discrimination.

Overview of the Project

This document explores efforts to reduce stigma towards individuals with a substance use disorder in public safety and justice settings. Specifically, it seeks to:

- Identify progress and gaps related to educating and training professionals working in public safety, justice, or correctional settings about substance use, relapse, recovery pathways, and addressing stigma;
- Describe scenarios that play out regularly in the day-to-day work within public safety, justice, or correctional agencies that are most challenging for staff who are working at the intersection of public safety, public health, and behavioral health with justice-involved individuals with substance use disorders; and
- Identify opportunities to address stigma and facilitate meaningful conversations within multi-disciplinary teams working with justice-involved individuals with substance use disorders.

The research included 60-minute interviews conducted via a virtual platform with representatives from professional stakeholder associations spanning various criminal justice system sectors, local public safety and justice practitioners, training and technical assistance providers, and individuals in recovery with previous justice involvement. Individuals with lived experience were also invited to contribute to this project by providing written recommendations.

Areas of inquiry included:

- Where has progress been made in addressing stigma associated with substance use in the criminal justice community?
- What approaches have been impactful in addressing stigma associated with substance use among justice and public safety stakeholders?
- How much training is available related to stigma? Which training strategies are effective?
- Where does stigma associated with substance use persist in day-to-day work in local communities within justice or public safety agencies?
- How does being a justice-involved individual further challenge/complicate the stigma associated with individuals with substance use disorders?
- What two or three things would advance the collective work around addressing stigma for justice-involved individuals with a substance use disorder?

The Impact of Stigma

The stigma associated with substance misuse affects the likelihood an individual will seek help or complete treatment.[12, 13, 14] Self-stigma can lead to lower self-esteem[15] and high levels of social isolation.[16] Stigma may also impact the attitudes of treatment providers.[17] A systematic review of 28 studies focusing on health care professionals who work with individuals with substance use disorders found that health care professionals had negative attitudes toward patients with substance use disorder.[18] The review also found that the negative attitudes of health professionals towards individuals with a substance use disorder diminish patients' feelings of empowerment and subsequent treatment outcomes.[19] Finally, public stigma can lead to reduced public and political support for treatment funding and policies that increase access to treatment.[20] Public stigma can also increase barriers to employment and housing.[21]

Drivers of Public Stigma

Attitudes and beliefs about substance use being dangerous and blaming substance users shape public stigma. Dangerousness is the belief that individuals with a substance use disorder threaten the safety of the community.[22] Researchers have documented that the general public views individuals with a substance use disorder as unpredictable or dangerous,[23] leading to preferences for social distance,[24] and a desire to avoid those with a stigmatizing label, such as a substance use disorder.[25] Researchers have documented support for social distance among the general public when asked questions such as, "Would you be willing to have a person with a substance use disorder marry into your family?"[26] Several studies also document that the general public attaches blame to individuals who misuse substances.[27] Blame is the view that people suffering from a stigmatized condition are responsible for triggering the onset of their condition or exacerbating their condition and subsequently deserving of social ostracism.[28]

Strategies to Reduce Stigma

Most of the research on how to reduce stigma has been conducted related to mental health stigma versus substance use stigma. With that in mind, the strategies with the largest evidence-base for reducing stigma include:[29]

- Contact-based education programs which combine social contact with individuals with lived experience and educational content addressing facts.[30] A meta-analysis of 72 studies found that contact and education significantly reduce stigma, but meeting people with the stigmatized condition seems to do more to challenge stigma than contrasting myths versus facts.[31]
- Peer support programs in which people with lived experience offer their support and expertise to individuals and families affected by substance use. Peer support services play an essential role in promoting social inclusion and increasing self-esteem, countering the effects of self-stigma.[32]
- Messaging that emphasizes hope, treatability, and/or the effective management of substance use-related health conditions.[33]

Key Themes and Major Findings

The following summarizes the themes and findings identified throughout the interviews.

Theme 1: Awareness of stigma related to substance use has increased in justice and public safety agencies.

Stigma related to substance use disorders exists in justice and public safety settings. However, gains have been made over the last five years as staff and agency leaders have attended trainings and worked more closely with public health and behavioral health partners to respond to overdoses.

Theme 2: Education and training efforts related to stigma and substance use have grown and are effective when they incorporate individuals with lived experience as trainers.

Associations and organizations that support justice and public safety agencies have worked to address stigma through training. Justice and public safety officials value training and outreach that includes individuals with lived experience. Agency leaders who seek to create a culture change within their agencies require a sustained change management approach that builds on previous training.

Theme 3: There is widespread interest in incorporating individuals with lived experience into public safety and justice settings.

There is support for expanding the role of individuals in recovery within justice and public safety agencies and incorporating their unique perspective into program planning. Many justice and public safety agencies incorporate peer support services into their programs. There are additional opportunities to integrate those with lived experience into planning bodies and change management teams.

Theme 4: There are ongoing opportunities to promote the use of non-stigmatizing language.

Interviewees differed in their assessment of how much progress has been made around language but observed some gains in this area. Some interviewees acknowledged awareness of numerous national and state campaigns to promote the use of non-stigmatizing language while others focused on efforts within agencies to adopt person-first language in written communication. Despite these efforts, agency culture is often slow to change and requires frequent modeling by leadership.

Theme 5: There is interest in adopting recovery-oriented frameworks in justice settings.

Justice and public safety officials seek strategies, programs, and models that will allow them to effectively address the needs of individuals with substance use disorders. Models that incorporate a proactive, positive approach, like building recovery capital, are helpful approaches for justice professionals to consider.

Theme 6: Partnerships save lives and reduce stigma, but some challenges remain.

Partnerships and collaboration between justice and public safety agencies and public health, behavioral health, and the medical community provide an opportunity to reduce stigma and facilitate access to treatment services. Justice and public safety officials generally support diversion and deflection models, alternatives to incarceration, and reentry programs that incorporate treatment. However, law enforcement and prosecutors find it more challenging to balance the treatment needs of individuals with a substance use disorder and public safety when drug-related crimes involve theft, violence, or criminal offenses other than possession of drugs. Fewer models currently exist for this approach.

The findings above are grouped into themes and set forth in more detail throughout the report. Quotes from the interviews are included without attribution to encourage candid dialogue. The written feedback from individuals with lived experience is attributed with their permission and presented throughout the report in the boxes labeled "In Their Own Words," as shown below. Their comments are their own and are unedited except when shortened to conserve space.

IN THEIR OWN WORDS

With record fatal overdoses throughout the country in 2020, almost everyone has been impacted by substance use. Yet, we don't talk about it. We can't fix the problem if we don't face the problem head-on, even on a personal level. We must learn how to normalize conversations about addiction and recovery in our social networks and workplaces. If you have lost a loved one to addiction, it's okay to talk about that. If you have a friend or loved one who is currently struggling, it's okay to talk about that. If you find yourself struggling with alcohol, mental health, or substance misuse, it's okay to talk about that. This is not "us versus them;" it's something we all endure.

– Jonathan Goyer

THEME 1: Awareness of Stigma Related to Substance Use Has Increased in Justice and Public Safety Agencies

All interviewees acknowledged that stigma exists, to varying degrees, around justice involvement and substance use. These stigmas often intersect and have a cumulative effect. There was also widespread agreement that the opioid epidemic and the resulting overdose deaths have brought public awareness of substance misuse and stigma to the forefront.

Below are representative quotes from interviewees about awareness of stigma and the pervasive impact of substance use on the lives of everyone in the community.

> ***"Thirty years ago, I cannot tell you I ever heard the word "stigma." You have to remember, 20 years ago, drug courts were still in their infancy. Deflection did not exist. Most of the research that we have on criminogenic theory was still in an early stage. Ten years ago, I would hear it here and there. But in the last five years, and especially the last 15 months, stigma, trauma, and equity have come into their own.***

> ***Whenever I speak to any crowd, a Lions Club, Kiwanis, or a Citizen's Academy, I always ask. "How many people know someone with a substance use disorder?" And it is always at least two-thirds of the people. And then I ask, "How many people know someone who has a mental health issue?" And it will be the same thing, 75 to 85 percent. And then I ask, "How many people know someone who has been incarcerated?" And it will still be almost that same percentage. These are not "those people." They are "our people." Our friends, our neighbors, and our family members.***

IN THEIR OWN WORDS

I have been fortunate enough to have had a lot of experiences with the criminal justice system. I say "fortunate" because I am very grateful I can use my experience to help others today. I have spent over 10 years in and out of jail. My father died of an overdose, my older brother died of an overdose, my sister passed away shortly after that, and I have a brother I don't have contact with because he is in active addiction.

When I hear the word "addict," I think of a person with an underlying issue that manifests in drug use and leads to negative behaviors. When treated, these behaviors diminish or disappear entirely. However, it's not something that happens in the same way for every person. No one thing cures all. I am living proof that awareness about substance use and treating substance use as a medical condition is successful.

People who suffer from a substance use disorder have often lived through traumatic experiences, were raised in environments where they knew nothing else, or have a condition that requires proper care and treatment. I believe recidivism lessens when we recognize the problem, treat it, and not just look at the behavior. This is why all persons who work in the criminal justice system, in all branches, should be educated on substance use and mental illness, as the two very often coincide.

The criminal justice system often lacks options. Law enforcement's job is to respond to crime, but the only option they have sometimes is incarceration. I know first-hand how ineffective jail and prison can be without education and treatment. Effective reentry programs are a significant factor in breaking the recidivism cycle. That means more than just handing people a list of resources. People with substance use disorders and mental illness need, and deserve, more effort.

I was fortunate to go before a genuinely concerned and compassionate judge who supported treatment this last time. I have been successful in my recovery because I was incarcerated in a community that had a jail program with a strong reentry program. That made all the difference. Staff were educated about addiction and mental illness and were very encouraging. They took the time to learn about my life and didn't treat me like a person in a jumpsuit in their jail.

Our jails and prison systems are filled with people who have a substance use disorder. That paints the picture that people with substance use disorders are criminals. For me, without drugs, I would not have a criminal record. I am not a criminal. I am a person who has a substance use disorder.

– Chyna Hinnant

THEME 2: Education and Training Efforts Related to Stigma and Substance Use Have Grown and Are Effective When They Incorporate Individuals in Recovery as Trainers

Many entities undertake educational initiatives to mitigate stigma. Education effectively reduces stigma when training includes positive stories that emphasize hope, treatability, and/or effective management of substance use-related health conditions.[34] One educational strategy called contact education, where trainers present factual information and people with lived experience support and personalize information by relating it to their own life experiences, is twice as effective as education alone.[35]

Interviewees highlighted the value of training to address stigma and noted their efforts to reduce stigma. For example, the National District Attorneys Association partnered with the Addiction Policy Forum to host regional trainings for prosecutors. The Pennsylvania Sheriffs' Association developed a harm reduction curriculum for law enforcement, that included a component on stigma. Other efforts identified by interviewees included crisis intervention team (CIT) programs: an effective model for improving encounters between individuals with mental illness and criminal justice personnel that includes training and community linkage to care. CIT training consists of structured learning, interactions with individuals with lived experience and their families, and intensive scenario workshops.[36] Interviewees suggested a similar format could be helpful to improve interactions with individuals who have a substance use disorder.

Interviewees identified the following strategies as effective with justice or public safety audiences:

- Incorporating the experiences of people with lived experience into the training.
- Using trainers from the same discipline as the intended audience (*e.g.*, current or former law enforcement officers training law enforcement and current or former community supervision leaders training probation staff).
- Highlighting successful strategies or programs that align public safety and public health approaches.
- Offering regional training with speakers from within that region.
- Allocating time in the training for open-ended discussion and problem-solving.
- Providing both discipline-specific training models (*e.g.*, training opportunities specifically for judges to learn from judges) and multi-disciplinary training (where justice, public safety, public health officials, and behavioral health staff attend training together).

Below are representative quotes from interviewees about training.

> ***"It is powerful to have presentations at national conferences that include individuals with different experiences within the criminal justice system. For example, someone previously in a problem-solving court, someone previously on specialized probation, someone released from jail or prison, etc. These panels often have a moderator ask the panelists, "What did we do well? What did we not do well? What did you feel was wrong?" I have seen some real "aha" moments come from these types of presentations.***

> ***"I think one of the things that resonates with people is the background of our instructors. It's usually myself or another member of the law enforcement community with one or two members from the treatment community, both of whom are in long-term recovery. When they see that person standing up there telling their story, I think it impacts the audience.***

> ***Because of the national drug court conferences and the specialty court training, drug treatment court judges and local officials have received a great deal of information on substance use. If you are in a state without many drug courts or your court doesn't have a federal grant to pay for national training, you may not receive as much information. In smaller courts, the judicial officers and the administrators are handling everything, not just criminal court. And I think in those communities, they are aware of substance use, but they may not have the resources available for training. Beyond the courts, some smaller municipalities, local police officers, corrections officers might not be well trained and know what to look for when they're out on calls. In large jurisdictions, we need to be aware that training needs to occur at all levels of court, not just the criminal courts. Substance use may be an issue in domestic relations cases where there is no criminal charge. And so, those judges need the training as well.***

Opportunities to support education and training efforts	Responsible entity
Support and host training initiatives that directly engage individuals in recovery as presenters.	Federal agencies, state agencies, local justice and public safety agencies
Encourage federally-funded training and technical assistance providers who are working to address substance use in justice and public safety settings to include individuals in recovery and individuals with previous justice involvement as technical assistance providers.	Federal and state agencies

IN THEIR OWN WORDS

Would you ask a nine-year-old to help you sell your home? Or would you ask a real estate agent to perform oral surgery? Probably not, because they have no experience in doing so. How could you possibly expect them to succeed in fulfilling such a request? Yet, as criminal justice professionals, we expect people to recover from substance use disorder as if they have experience doing so. When someone starts using drugs, they do not intuitively know how to use drugs. Someone shows them how. We need to SHOW people how to recover.

There are 22 million people in the United States who have found sustained recovery. That's 22 million people who have something to offer and can be part of the solution. We must encourage people with lived experience to maintain an active presence in the criminal justice system. Research studies show us that the utilization of peer specialists with incarceration histories may be a critical component toward recovery for consumers with criminal justice involvement. This can be implemented in the form of certified peer recovery specialists (also known as recovery coaches or forensic peers) working with multi-disciplinary teams or probation offices to provide ongoing peer support services.

Unfortunately, justice department professionals often never get to see success. They only see people at their worst, in states of hopelessness and despair. Incorporating people with lived experience and in long-term recovery in and around the criminal justice arena will allow people to see that recovery is possible. Without visually seeing recovery and hearing success stories, it's hard for anyone to have hope. It is the role of the criminal justice system to hold the flame of hope alive for those who are sick and suffering from active addiction. It is imperative to speak to the individuals we encounter as if we genuinely believe that they, too, can recover. After all, you may be the one person in their lives at that moment who can offer that hope.

We must encourage people with lived experience to maintain an active presence as advocates in the criminal justice system. Furthermore, it is essential to engage people with lived experience when developing best practices. Medical staff, probation experts, and judges create policies and procedures in a vacuum. But the application of these policies can best be examined through the lens of someone with lived experience. Allowing people with lived experience to serve on advisory boards, steering committees, or planning groups and being open to their feedback is a way to gain perspective and a deeper understanding when implementing these practices.

– Jonathan Goyer

THEME 3: There is Widespread Interest in Incorporating Individuals with Lived Experience into Public Safety and Justice Settings

Many interviewees encouraged justice and public safety agencies to move beyond training and towards building an organizational culture that supports recovery and addresses stigma. Interviewees endorsed two approaches to achieve this goal:

- **Include individuals with lived experience in criminal justice program planning efforts.** Leaders in justice and public safety agencies should consider inviting former clients or individuals previously engaged with the justice system to join local criminal justice planning groups or ad hoc groups established to develop new initiatives. Similarly, agency leaders should invite people in recovery to serve on committees to develop training or work to strengthen local recovery support.
- **Implement peer support services across all justice and public safety agencies.** The term, peer support services, refers to non-clinical assistance provided by individuals with lived experience of similar conditions. Peer support is grounded in the principle that individuals who have shared similar experiences can help themselves and each other. Peer support services leverage resources that already exist in the community, including many people with lived experience who seek opportunities to serve their communities. Research has found that participating in peer support services may reduce relapse rates, increase engagement in treatment, reduce recidivism, and reduce stigma.[37, 38, 39]

Below are representative quotes from interviewees about incorporating persons with lived experience into public safety and justice settings.

> ***We always hear that there is not enough training and that we need more training. I am less enamored with traditional training where we come to a room, sit down, and put a PowerPoint up. We need to challenge leaders not to infuse content but infuse questions and infuse challenges. If I were in a department today, I would bring together leaders who believed in these values at the system level. I would invite people impacted by the system and engaged in the system and have an ongoing conversation. "What culture do we have in our environment that keeps people stuck and creates hopelessness? Where do we create stigmatizing language? How can we start to infuse hope back into our systems?" I would start building a list, establish an early adopter group, model and shift their language, and continue to draw people in.***

> ***Our medication-assisted treatment program is successful because of navigators – people with lived experience who work with individuals after they leave jail. Sometimes, the navigators are the only person there because none of their family members or friends show up on a Saturday night. I think the navigators are a crucial part of our programs.***

> ***Our system still approaches people on supervision as if they are resistant to change. We create an environment where we assume that they don't want to be part of the process. We don't have ways for people who have been on community supervision to provide input into the system. They're not included on boards or conversations. And I think that's where I see the most significant gap.***

Opportunities to support incorporating persons with lived experience into public safety and justice settings	Responsible entity
Continue to prioritize grant funds to support the expansion of peer support services in justice and public safety settings. The Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) currently supports a large number of peer support initiatives within its portfolio.	Federal and state agencies
Implement peer recovery support services. LAPPA recently released a planning toolkit to assist justice and public safety agencies in planning and implementing peer support services.	Local justice and public safety agencies
Support pilot programs that demonstrate how justice agencies can engage individuals in recovery and individuals who have previous justice involvement in program planning and change management initiatives.	Federal agencies, state agencies, local justice and public safety agencies
Fund evaluations of peer support services in justice settings to continue to strengthen the evidence base for this service.	Federal agencies, state agencies, local justice and public safety agencies
Engage individuals in recovery in local planning groups or ad hoc groups established to develop new initiatives. Invite people in recovery to serve on committees that develop training or work to strengthen local recovery supports.	Local justice and public safety agencies

> ***I learned the importance of peers first-hand when I made the decision to get sober. I also learned it from my two bouts with breast cancer. In each of those experiences, it wasn't doctors or professionals who strengthened my resolve. It was the love and support I received from others who had been through it. Survivors told me I could do it too, and as living proof, I believed them.***
>
> – Susan Broderick, Former Prosecutor and Person in Long-term Recovery
> Excerpt from Love, Hope & Random Drug Testing

IN THEIR OWN WORDS

Stigma exists everywhere. The language we use to describe programs can create a negative connotation and further perpetuate stigma. For example, the term "drug court" is regularly used throughout the United States. Picture an individual recently released from incarceration who must now report regularly to "drug court." At times, this individual will have to disclose to their family and perhaps even their employer that they need to go to "drug court." The goal of drug court is to help someone in their recovery. Why don't we call it a "recovery court?" "Recovery court" is a name that accurately describes the goal and process, and it is much easier for people in the community to support people in that process. It is an opportune time to survey if the language your agency uses perpetuates negative public perceptions.

–Jonathan Goyer

THEME 4: There are Ongoing Opportunities to Promote the Use of Non-stigmatizing Language

Stigmatizing terms and expressions, such as "drug abuser," "addict," and "junkie," for people who misuse substances imply that substance use is the person's defining characteristic. Stigmatizing language can negatively influence healthcare providers' perceptions of people with substance use disorders, impacting the care they provide.[40] The

use of non-stigmatizing language and the adoption of "person-first" language can prevent or mitigate stigma by separating the person from his or her diagnosis.[41] Criminal justice professionals frequently encourage the adoption of person-first language when describing individuals with current or previous justice system involvement.

Interviewees acknowledged numerous national and state campaigns to promote the use of non-stigmatizing language. Interviewees differ in their assessment of how much progress has been made around language but observed some gains in this area. Despite these efforts, agency culture is often slow to change and requires frequent modeling by leadership.

Table 1: Examples of Person-first Language

	Try Saying This...	Instead of This
Person-first language to describe substance use and misuse	• Person with a substance use disorder • Person living in recovery • Positive/negative drug test • The substance the person is using • Maintained recovery • Use/misuse	• Addict, abuser, junkie, druggie, alcoholic, drunk • Ex-addict, former alcoholic • Clean/dirty drug test • Drug of choice • Stayed clean • Abuse
Person-first language to describe current or former justice-involvement	• Incarcerated person • Formerly incarcerated person • Justice-involved individual, person in jail/prison • Person on community supervision • Person convicted of a felony charge	• Inmate • Offender • Convict • Probationer/parolee • Felon

Below are representative quotes from interviewees about using non-stigmatizing language.

> ***If we are going to try and help people improve their lives, we have to create the space in which they're capable of doing that. Using language that defines someone by their risk level, as an offender, or as someone with a substance use disorder keeps them stuck in a place they can't break out of.***

> ***I model the correct words all the time. If an officer says "prostitution," I say "commercial sex work." I repeat what they say using the correct terms. They might say, "there's a lot of drug abusers out there." And that internally makes me cringe. However, I say, "there are a lot of people that have a substance use disorder that you're working with." They don't even know that I'm doing it. And with that modeling, I think officers slowly start changing their language. It's small, but I like the smaller bites. I would never want anything performative around me.***

Opportunities to promote the use of non-stigmatizing language	Responsible entity
Review funding solicitations and incorporate person-first language and non-stigmatizing language, as needed.	Federal and state agencies
Conduct a review of the agency's website and written materials (e.g., policy manuals, forms) and update them to incorporate person-first language and non-stigmatizing language, as needed.	Local justice and public safety agencies
Review existing conditions of community supervision and/or conditions of program participation to identify opportunities to incorporate recovery-friendly language.	Local justice and public safety agencies

In 2016, the Office of Justice Programs, U.S. Department of Justice established an agency-wide policy directing employees to use person-first language. In 2017, the Office of National Drug Control Policy encouraged Executive Branch agencies to adopt person-first language and align communication with current medical terminology. In 2021, the Marshall Project released The Language Project, a series of first-person accounts from people directly impacted by the criminal justice system, who shared how dehumanizing labels have affected them personally.

IN THEIR OWN WORDS

For someone to successfully recover, they must possess some level of recovery capital. We can't expect someone to stay engaged with treatment unless they have a supportive network of people (family/social recovery capital). Nor can we expect them to pay court fines unless they have a source of income or job. They can't find and secure a job if they don't have reliable transportation (personal recovery capital). Often, the chaos of addiction creates a complex set of problems and barriers for individuals beyond legal implications that are often not acknowledged or addressed.

Although legal consequences such as probation and parole, court ordered treatment, and regular court dates (or check-ins) are a great accountability measure, these measures do not necessarily translate to building someone's recovery capital. Because everyone requires a different list of needs to secure recovery capital, we can increase an individual's chances of success when we offer tailored sentencing and consequences. Court ordering someone to obtain a state-issued identification, establish their own method of contact (e.g., cell phone) or secure reliable self-sustained transportation are three examples of court-ordered sentencing that would increase an individual's recovery capital. These measures increase the likelihood of sustained long-term recovery and reduce recidivism rates.

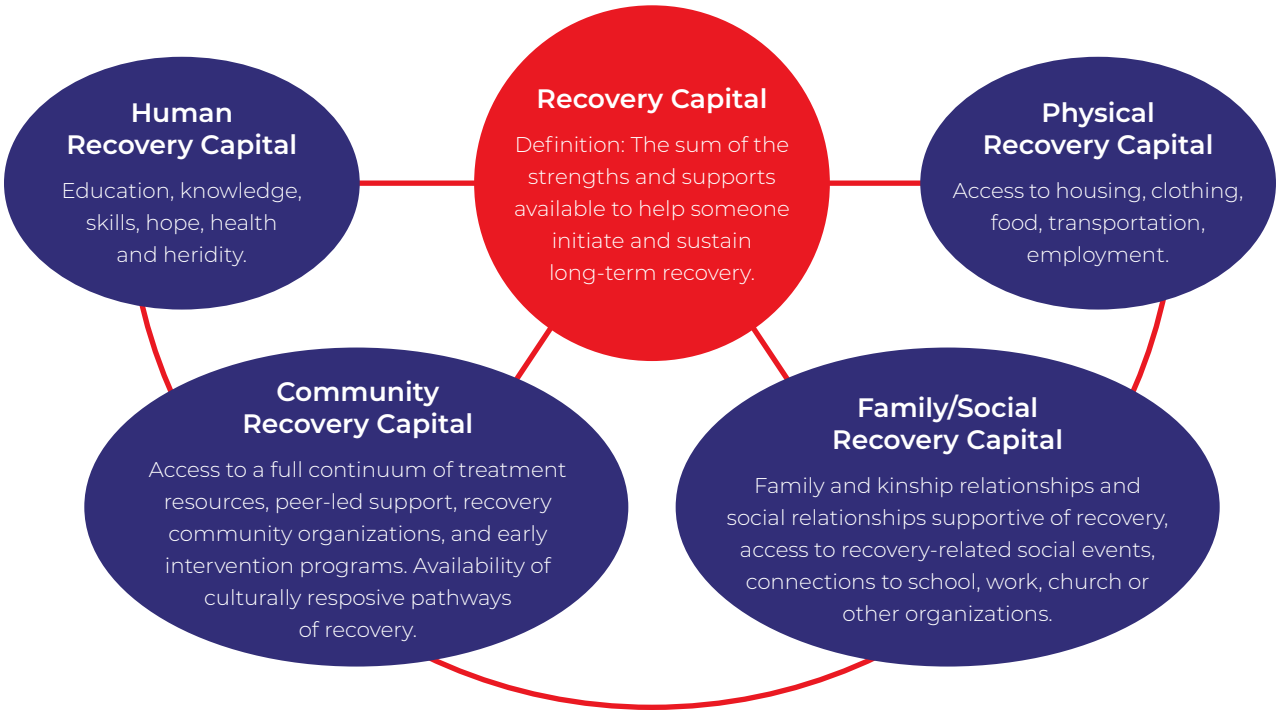
– Jonathan Goyer

THEME 5: There is Interest in Adopting Recovery-oriented Frameworks in Justice Settings

Historically, risk scores and criminal history have guided criminal justice interventions. There is, however, growing recognition that focusing exclusively on risks and deficits is ineffective and that there must also be an emphasis on identifying and cultivating assets and strengths.[42] Some interviewees expressed interest in opportunities for the justice system to move towards a recovery-oriented model of care. Recovery-oriented models support treatment engagement and retention by focusing on early identification of problems, supporting connections to positive peers, and building upon an individual's strengths. The National District Attorneys Association recently published a piece on Recovery-Oriented Justice Initiatives & the Pivotal Role of the Prosecutor that highlights this paradigm shift.

The foundation for much of this work is the concept of recovery capital. Robert Granfield and William Cloud introduced the idea of "recovery capital" in a series of articles and a 1999 book, *Coming Clean: Overcoming Addiction without Treatment*. The authors define recovery capital as the sum of the strengths and supports—both internal and external—that are available to help someone initiate and sustain long-term recovery from substance misuse.[43] The resources, or recovery capital, a person needs to maintain sobriety depends on the severity of a person's substance use disorder and the resources that he or she already has available. *Figure 2* provides an overview of the critical components of recovery capital.

Figure 2: Conceptualizing Recovery Capital



Source: Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. Substance Use & Misuse, 43(12–13), 1971–1986.

The National Association of Drug Court Professionals (NADCP), with support from the Office of Juvenile Justice and Delinquency Prevention, is currently piloting the *Adolescent Recovery Oriented Systems of Care* project, a multi-year endeavor for juvenile drug treatment courts, involving the application of the principles of recovery capital to improve operations and enhance positive youth development. A similar pilot project is also underway with adult drug courts.

Below are representative quotes from interviewees about adopting recovery-oriented frameworks.

> ***"The counterbalance to stigma is celebrating as much success as we can with the individuals we serve as often as possible. Probation and parole contracts have big goals in them. For some of our clients to make a phone call and schedule an appointment is big. Sometimes they've never done that before, and they honestly may not know what steps it takes to even get to the meetings. When a client shows up, that's no small feat. Acknowledge it. Creating healthy habits takes time and work and effort. When we pay attention to these achievements, I think we help our clients come out the other end more successfully.***

> ***We set supervision or program conditions not to help people change or build hope. Instead, we say, "If you're going to stay out of jail, you need to do these things: You must not use drugs. If you do, it will be a potential violation of your community supervision." And the problem is the conditions are often impossible to meet on day one.***
>
> ***We have got to help people in the justice system see there are paths to getting better, and there are paths to being successful. We need judges, prosecutors, and probation directors to reframe expectations. We had a project where we rewrote the supervision condition around drug use. It now says, "We expect that you remain sober and if you struggle with that, come talk to your probation officer, and we will engage you in support services to help you get sober or help you in your recovery." That is the language of their probation condition. So, if an individual on supervision tests positive, there's space for them not to run away and not give up.***

Opportunities to encourage the adoption of recovery-oriented frameworks in justice settings	Responsible entity
Support and participate in pilot programs that demonstrate how justice agencies can build recovery capital within community supervision settings.	Federal agencies, state agencies, local justice and public safety agencies

IN THEIR OWN WORDS

I spent 17 years of my life going in and out of jail due to my drug use and mental health issues. I have been drug-free since 2012. During my multiple incarcerations, I never received mental health treatment. Because I used drugs, the jail staff did not consider I might have mental health needs. I don't think they could initially tie the two things together, so they focused on my drug use instead. During my later jail stays, I was mandated to participate in education classes but never counseling. It could have made a difference. In 2012 my mother passed, and I became suicidal. During this time, I met someone who helped me get into mental health treatment. That is where I began to heal.

I currently work for Jail Behavioral Health Services in San Francisco. In this role, I interact with law enforcement daily. I teach crisis intervention training to the deputies. I did not want to do that at first. I was like, "Oh no, I do not want to be in a room full of deputies talking to them about my mental health status and all that." Honestly, some staff members don't care because they're like, "You don't have no degree. We went to college; we've got a degree." But I think what I have done is important. I made it out of there. I was an addict for 17 years, and I just graduated from the drug and alcohol program at City College. I was valedictorian. Last year, I was peer of the year through the Mental Health Association, and I'm on the reentry council.

I have had negative experiences with law enforcement in the past, both on the streets and in jail. As a black female, I have dealt with racism. I was treated the worst by the black female deputies. I'm just keeping it real. I don't understand what that was all about. But I also had officers who said, "Do you need help? Can we call your family? I'm not going to arrest you. Let me talk to you for a moment. What is your story?" And they sat and listened and got to know me better.

The other day when I was teaching crisis intervention training and one of the deputies said, "What about empathy for us because we see a lot of stuff, too. We'll come to a situation where we were trying to diffuse something, and then we'll get called names." I never really thought about that aspect of it. They have a lot that they have to deal with also. I'm glad we were able to have that conversation. To address stigma, I would recommend the following:

1. *Hire peer specialists to work with law enforcement, courts, and probation staff. Having a peer mentor in my life would have helped me.*
2. *Take the time to ask about the lives of the people you supervise or encounter on the street. I'm not saying be more lenient. Just be more understanding and more compassionate. Many of the people you are working with have suffered from trauma, which may be why they use drugs or have anger issues.*

3. *Offer training to law enforcement, judges, probation, and case managers taught by people who survived it all, like a peer educator. Justice staff always see the negative and never see the positive. I love it when I see people that are winning in life. That's my inspiration.*

Thank you for listening. I have been there and done that, and I am a survivor.

– Yolanda Morrissette

THEME 6: Partnerships Save Lives and Reduce Stigma, but Some Challenges Remain

Interviewees highlighted many of the multi-disciplinary partnerships that have emerged across the nation connecting public safety and justice agencies, public health, and behavioral health. These cross-sector partnerships seek to address and reduce high incarceration rates for people with behavioral health disorders and prevent and reduce overdose deaths in the community. Such collaborative efforts often focus on diversion or deflection programs to reduce criminal justice involvement and increase linkage to treatment. The Center for Health and Justice at TASC (Treatment Alternatives for Safe Communities) and the Nonpartisan Objective Research Chicago (NORC) at the University of Chicago recently released findings from a national survey that examined 411 diversion and deflection programs. The report highlights how these programs strengthened relationships among community partners, including first responders, behavioral health providers, and recovery professionals. They also connect individuals in need to treatment, recovery support, and harm reduction services. Many of these efforts incorporate peer support services as a component of the program.

Interviewees value these partnerships and recognize the benefits they offer. Some interviewees were candid about the challenge of building new alliances with law enforcement due to the current political climate surrounding policing. Nonetheless, interviewees expressed a desire for these programs to expand.

Below are representative quotes from interviewees about the value of partnerships and the challenge of collaboration.

> ***"I say to law enforcement, "Whatever is happening in the world is happening. You've got a pandemic, you've got a civil rights situation happening, and you have overdoses. How are you going to address at least one of those issues? How can we help you do that?" That gets me in the door. After that, I asked them to be as candid with me as possible because I want to make this work. I said, "You're using naloxone, and you're running out. You are sometimes going back over and over. How does that make you feel?" These officers told me, "No one ever asked me that." When officers put on a uniform, we think they don't have any feelings. A lot of these officers feel pressure. They didn't like seeing people die, and they are vocal about that. Even though we know this, I think it is easy to overlook.***

> ***Behavioral health and public health need to recognize that they too have biases. Some stigmatize law enforcement. Some say, "I'm above them. I don't punish people." But you do punish people because there is a way to work with law enforcement to help people before they get into the justice system, and you're not opening the door to try that. It's easy to complain and point fingers, but you've got a bunch of them pointing back at you. Go to the police department and offer to help and let the police tell you "no" before you just assume they will say "no." A lot of departments might be like, "please come in here and help." You never know. They want the relief, too. It is really about talking to each other and acknowledging that we all want to live in communities where we're safe at the end of the day.***

Successful justice and public safety agencies' partnerships with public health and behavioral health require conversations about professional philosophies and responsibilities. Interviewees expressed support for the idea that individuals with a substance use disorder benefit from treatment and that justice and public safety professionals play a role in supporting access to treatment. Interviewees also acknowledged that individuals with a substance use disorder often enter the justice system on criminal charges other than drug possession. When drug-related crimes, such as theft, occur, law enforcement officers and prosecutors acknowledge their professional obligations to protect the community and support victims of crime. However, it can put them at odds with the views held by the medical community. The commentary provided in How to Deliver a More Persuasive Message Regarding Addiction as a Medical Disorder reflects the nuance of this issue in the justice and public safety sector. The author argues that framing addiction as "just another medical disorder" without acknowledging that some people have experienced emotional suffering or victimization due to someone's addiction can be problematic. He asserts that by recognizing this distinction and offering compassion for victims, the public can more easily receive the intended messaging about substance use disorders being a medical condition.

> ***Stigma is a barrier, and we as human beings owe it to others to do what we can to address this. We should reduce barriers and support people so they can have a good life. But we also have to acknowledge there is sometimes damage caused by people who use drugs. There's damage to family members, to children, and to victims. And in that way, it is not the same as other medical conditions. If we suggest that stigma explains everything and act as if nothing happened to the victims, it will be challenging to make progress.***

Opportunities to encourage the adoption of recovery-oriented frameworks in justice settings	Responsible entity
Encourage candid conversations about how the philosophies and responsibilities of each discipline align and diverge and how to navigate these differences. Each agency plays a unique role within the community, and some philosophical differences are not inherent obstacles to collaboration.	Local justice and public safety agencies

Summary of Opportunities

The information and themes presented in this report suggest opportunities to collaborate with justice and public safety practitioners to continue to address the stigma associated with substance use disorders.

Opportunities for Federal and State Agencies

- Review funding solicitations and incorporate person-first and non-stigmatizing language, as needed.
- Continue to prioritize grant funds to support the expansion of peer support services in justice and public safety settings. The Bureau of Justice Assistance's COSSAP grant program currently supports a large number of peer support initiatives within its portfolio.
- Support pilot programs that demonstrate how justice agencies can engage individuals in recovery and individuals with previous justice involvement in program planning and change management initiatives.
- Support pilot programs that demonstrate how justice agencies can build recovery capital within community supervision settings.
- Support training initiatives that directly engage individuals in recovery.
- Encourage federally-funded training and technical assistance providers who are working to address substance use in justice and public safety settings to include individuals in recovery, and individuals with previous justice involvement, as technical assistance providers.
- Fund evaluations of peer support services in justice settings to continue to strengthen the evidence base for this service.

Opportunities for Local Justice and Public Safety Agencies

- Host a local training that engages individuals in recovery and/or people previously engaged with your local justice system.
- Conduct a review of each agency's website and written materials (e.g., policy manuals, forms) and update them to incorporate person-first and non-stigmatizing language, as needed.
- Review existing conditions of community supervision and/or conditions of program participation to identify opportunities to incorporate recovery-friendly language.
- Engage individuals in recovery in your local planning groups or ad hoc groups established to develop new initiatives. Invite individuals in recovery to serve on committees developing training or working to strengthen local recovery supports.
- Fund evaluations of peer support services in justice settings to continue to strengthen the evidence base for this service.
- Participate in pilot programs that demonstrate how justice agencies can build recovery capital within community supervision settings
- Implement peer recovery support services within your agency. LAPPA recently released a planning toolkit to assist justice and public safety agencies in planning and implementing peer support services.

- Encourage candid conversation about how the philosophies and responsibilities of each discipline align and diverge. Each agency plays a unique role within the community, and some philosophical differences are not inherent obstacles to collaboration.

IN THEIR OWN WORDS

My name is Beth Elstad, and I am a person in long-term recovery for nearly 25 years. I am the mother of two sons, one living his life in recovery and the other, lost to suicide while in recovery almost eight years ago. I am grateful for the opportunity to be a voice of change to address and eliminate the stigma for individuals with criminal justice involvement who also experience substance use disorder.

I had my first child Bryan in 1985, shortly after turning 18, followed by my second son three years later. I was a young mother in a marriage filled with alcoholism, drugs, and domestic violence. We lived in an environment of chaos and uncertainty, and my sons were child witnesses of domestic violence. Bryan struggled with alcohol and went through his first adolescent treatment program at the age of 15. By 16, he was adjudicated with two felonies (receiving stolen property and fleeing police). He led police on a high-speed chase resulting in his rolling the vehicle with an open alcohol container in the truck.

Bryan graduated in 2004. He was charged with DWI in 2004, 2008, 2010, and 2012. By 2008, Bryan's depression, anxiety, and PTSD were debilitating; we often worried about suicide. By 2010 Bryan's alcohol use was peaking, and his anxiety had increased to the point he didn't sleep well, nor could he go into social settings or mutual aid meetings. His 2010 DWI involved a single-car crash resulting in Bryan facing criminal vehicular operation with significant prison time if convicted. I recall going to visit him for the first time at the jail. For the first two weeks, Bryan was not given any mental health medications. In our county jail, medicaid assistance is shut off when someone is incarcerated. If that person has medical needs that don't require admission to the hospital, payment for care comes from the jail budget and is tied to the jail budget allowance and/or approval for expenditure. This is problematic on so many levels.

Court hearings were always difficult for Bryan. Bryan expected and anticipated the shame and judgment. Routinely, he would appear in front of a room full of strangers and relive the arrest details while they were read aloud. Understandably, this is necessary; however, the impact of doing this in a room full of people only added another layer of shame and, eventually, trauma. I support court hearings that provide a more individualized and private interaction. I support a courtroom that doesn't require individuals to stand in a room with individuals to their back. This causes significant anxiety for people like Bryan, who have been incarcerated and/or experienced trauma.

Bryan's 2012 DWI brought him to our local DWI Court. Before the first hearing, I was met in the hall by the DWI Court probation officer. He introduced himself and told me about the court. I took this opportunity to share his history and my concerns. This was the first time in the system that I felt heard and hoped for my son. When I went into the hearing, we were both introduced to the judge. He called Bryan by his first name. He didn't use the usual "Mr. Crawford." Bryan often engaged in a conversation with the judge, and it felt different. It was clear that Bryan was not defined by his conduct and his choices when he used alcohol in this court. He was seen as a person first. The judge and team were responsive and compassionate. They honored my son's voice, and I felt heard for the first time.

Bryan graduated from the DWI Court. His therapy and treatment needs were coordinated, and he followed through. Bryan was living his life in sobriety for nearly two years when we lost him to suicide. He was living a very productive, law-abiding life. I credit Bryan's resilience and drive for recovery along with the treatment court team that believed in him and saw him as a person and not just another felon. The treatment court experience helped restore Bryan's belief in himself and allowed him the time and space he needed to heal. Although we lost Bryan to suicide, the treatment court did everything right.

Substance use disorders, anxiety, and depression are powerful. I view Bryan's interaction with the criminal justice system before the treatment court as the real opportunity for change. It begins with listening and meeting each experience with a fresh perspective. It might be challenging to do this with repeat offenders, but we, as professionals, have a responsibility to keep our own biases and judgment out of each interaction. In addition to prioritizing health needs (behavioral health, mental health, chemical health, physical health) and obtaining relevant information from support systems, we need to recognize substance use disorder as a chronic health issue and look at the individual's behavior as a separate issue.

– Beth Elstad

Endnotes

1 Dudley J. R. (2000). Confronting stigma within the services system. *Social Work, 45*(5), 449–455.

2 Schomerus, G., Lucht, M., Holzinger, A., Matschinger, H., Carta, M. G., & Angermeyer, M. C. (2011). The stigma of alcohol dependence compared with other mental disorders: A review of population studies. *Alcohol and Alcoholism (Oxford, Oxfordshire), 46*(2), 105–112.

3 Maruschak, L. M., & Minton, T. D. (2020). Bureau of Justice Statistics, Correctional Populations in the United States, 2017-2018

4 *Ibid.*

5 Hirschfield, P. J., & Piquero, A. R. (2010). Normalization and legitimation: Modeling stigmatizing attitudes toward ex-offenders. *Criminology: An Interdisciplinary Journal, 48*(1), 27–55.

6 Moore, K. E., Milam, K. C., Folk, J. B., & Tangney, J. P. (2018). Self-stigma among criminal offenders: Risk and protective factors. *Stigma and Health, 3*(3), 241–252.

7 National Academies of Sciences Engineering and Medicine. (2016). *Ending discrimination against people with mental and substance use disorders: The evidence for stigma change*. Washington, DC: National Academies Press.

8 Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009*. Washington, DC: United States Department of Justice, Office of Justice Programs.

9 *Ibid.*

10 Fearn, N. E., Vaughn, M. G., Nelson, E. J., Salas-Wright, C. P., DeLisi, M., & Qian, Z. (2016). Trends and correlates of substance use disorders among probationers and parolees in the United States 2002-2014. *Drug and Alcohol Dependence, 167*, 128–139.

11 Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: stages, disclosure, and strategies for change. *Revue Canadienne De Psychiatrie, 57(8)*, 464–469.

12 Radcliffe, P., & Stevens, A. (2008). Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities. *Social Science & Medicine, 67*(7), 1065–1073.

13 Mak, W. W., Chan, R. C., Wong, S. Y., Lau, J. T., Tang, W. K., Tang, A. K., Chiang, T. P., Cheng, S. K., Chan, F., Cheung, F. M., Woo, J., & Lee, D. T. (2017). A cross-diagnostic investigation of the differential impact of discrimination on clinical and personal recovery. *Psychiatric Services, 68*(2), 159–166.

14 McCallum, S. L., Mikocka-Walus, A. A., Gaughwin, M. D., Andrews, J. M., & Turnbull, D. A. (2016). 'I'm a sick person, not a bad person': Patient experiences of treatments for alcohol use disorders. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy, 19*(4), 828–841.

15 Corrigan, P. W., Kuwabara, S. A., & O'Shaughnessy, J. (2009). The public stigma of mental illness and drug addiction: Findings from a stratified random sample. *Journal of Social Work, 9*(2), 139–147.

16 McGinty, E. E., Goldman, H. H., Pescosolido, B., & Barry, C. L. (2015). Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination. *Social Science & Medicine (1982), 126*, 73–85.

17 Corrigan, P. W., & Rüsch, N. (2002). Mental illness stereotypes and clinical care: Do people avoid treatment because of stigma? *Psychiatric Rehabilitation Skills, 6*(3), 312–334.

18 van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and Alcohol Dependence, 131*(1-2), 23–35.

19 *Ibid.*

20 Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services, 6*(10), 1269–1272.

21 McGinty, E. E., Goldman, H. H., Pescosolido, B., & Barry, C. L. (2015). Portraying mental illness and drug addiction as treatable health conditions: effects of a randomized experiment on stigma and discrimination. *Social Science & Medicine (1982), 126,* 73–85.

22 Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual Review of Sociology, 41,* 87–116.

23 Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness, and social distance. *American Journal of Public Health, 89*(9), 1328–1333.

24 Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships.* New York: Freeman.

25 Kvaale, E. P., Gottdiener, W. H., & Haslam, N. (2013). Biogenetic explanations and stigma: A meta-analytic review of associations among laypeople. *Social Science & Medicine, 96,* 95–103.

26 Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services, 65*(10), 1269–1272.

27 Crisp, A., Gelder, M., Goddard, E., & Meltzer, H. (2005). Stigmatization of people with mental illnesses: A follow-up study within the changing minds campaign of the royal college of psychiatrists. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA), 4(2), 106–113.*

28 Lloyd, C. (2013). The stigmatization of problem drug users: A narrative literature review. *Drugs: Education, Prevention & Policy, 20*(2), 85–95.

29 National Academies of Sciences Engineering and Medicine. (2016). *Ending discrimination against people with mental and substance use disorders: The evidence for stigma change*. Washington, DC: National Academies Press.

30 Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction (Abingdon, England), 107*(1), 39–50.

31 Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services (Washington, D.C.), 63*(10), 963–973.

32 Krawczyk, N., Negron, T., Nieto, M., Agus, D., & Fingerhood, M. I. (2018). Overcoming medication stigma in peer recovery: A new paradigm. *Substance Abuse, 39*(4), 404–409.

33 McGinty, E. E., Goldman, H. H., Pescosolido, B., & Barry, C. L. (2015). Portraying mental illness and drug addiction as treatable health conditions: effects of a randomized experiment on stigma and discrimination. *Social Science & Medicine (1982), 126,* 73–85.

34 National Academies of Sciences Engineering and Medicine. (2016). *Ending discrimination against people with mental and substance use disorders: The evidence for stigma change*. Washington, DC: National Academies Press.

35 Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: stages, disclosure, and strategies for change. Canadian Journal of Psychiatry. *Revue Canadienne De Psychiatrie, 57*(8), 464–469.

36 Haigh, C. B., Kringen, A. L., & Kringen, J. A. (2020). Mental illness stigma: Limitations of crisis intervention team training. *Criminal Justice Policy Review, 31*(1), 42–57.

37 Scott, C. K., Grella, C. E., Nicholson, L., & Dennis, M. L. (2018). Opioid recovery initiation: Pilot test of a peer outreach and modified recovery management checkup intervention for out-of-treatment opioid users. *Journal of Substance Abuse Treatment, 86,* 30–35.

38 Armitage, E. V., Lyons, H., & Moore, T. L. (2010). Recovery association project (RAP), Portland, Oregon. *Alcoholism Treatment Quarterly, 28,* 339–357.

39 Bellamy, C., Kimmel, J., Costa, M. N., Tasai, J., Nulton, L., Nulton, E., & O'Connell, M. (2019). Peer support on the "inside and outside", Building lives and reducing recidivism for people with mental illness returning from jail. *Journal of Public Mental Health:18*(3), 188–198.

40 Ashford, R. D., Brown, A. M., McDaniel, J., & Curtis, B. (2019). Biased labels: An experimental study of language and stigma among individuals in recovery and health professionals. *Substance Use & Misuse, 54*(8), 1376–1384.

41 American Psychological Association. Disability (n.d.). Retrieved August 2, 2021

42 White, W., & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor, 9*(5), 22-27.

43 Hennessy, E. A. (2017). Recovery capital: A systematic review of the literature. *Addiction Research & Theory, 25*(5), 349–360.

About the Legislative Analysis and Public Policy Association

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system. LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

LAPPA

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

RULO STRATEGIES LLC