TASSEL Policy Translation Toolkit

A compendium of resources and tools to reduce structural stigma in law

Targeting Addiction Structural Stigma Embodied in Law

About

TASSEL is a legal epidemiological study piloted to evaluate California law at the local and state level to better understand structural stigma embodied in law as it relates to addiction stigma.

This toolkit is designed for advocates, health professionals, local and state decision and policymakers. It includes products from the TASSEL study as well as other resources to assist users in understanding and identifying opportunities to influence policy and change culture related to addiction stigma.

This toolkit is not intended to be exhaustive; rather a repository of TASSEL legal epidemiology research findings, policy products, and vetted policy resources meant to leverage this research and take action. Changing the laws, regulations, and public understanding of structural stigma against addiction are necessary steps to address the social determinants of health and inequities in quality of life currently experienced by these individuals, their families, and local communities.

The toolkit is organized into four sections:

1. **Influencing Policy and Creating Impact:** Offers key policy messages and strategic policy solutions that resulted from completion of the TASSEL study. Also provided within are tools to evaluate legislative language, relevant policy frameworks, and strategies to influence policy at the local, county or state level to reduce addiction stigma.

2. **Addressing Stigma through the Lens of Cultural Change:** Provides summary documents to guide readers on the evidence of stigma and tactics to shift public understanding of addiction stigma. Tools for influencing the community norms that shape social stigma through strategic community building, messaging, and language for community-facing initiatives.

3. **Cross Cutting Comprehensive Tools:** expansive toolkits from ChangeLab Solutions that provide blueprints for breaking down structural inequities through coalition building, community member engagement, tactics for messaging, and influencing policy.

4. **Building the Evidence:** Includes methodology and findings from the TASSEL study and approaches to continue the study and translation of stigma research into policy.

TARGETING **A**DDICTION **S**TRUCTURAL **S**TIGMA **E**MBODIED IN **L**AW

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Introduction

Stigma harms individuals with addiction and their families. Stigma exists at various levels, at the intra and interpersonal level (self-policing, shaming), within families and communities, and within the systems that govern our daily lives. Structural stigma is rooted in society's operative systems including the laws and policies we use to guide our decisions, and daily procedures. Laws that unintentionally (or openly) stigmatize vulnerable communities often include policies that discriminate against individuals with addiction.

The negative impact of stigma on health is often (and rightfully) associated with biased healthcare providers and hospital systems, practicing direct and notable inequities in healthcare delivery against individuals with chaotic substance use and addiction. These providers may treat these patients unfairly, perhaps offer less comprehensive care, or worse, make patients so uncomfortable that they stop seeking treatment all together. This scenario is all too familiar. In a way, it stands as a prototype of health-harming stigma against people with addiction. It must be noted, however, that addiction-stigma operates in many more covert locations with widespread negative repercussions. Structural stigma against individuals with addiction, that which is embodied in the law, can cause significant negative health effects and rippling unintended consequences on addicted individuals and their families.

A critical note on terminology:

The language used across resources and products are limited by their very nature, reflecting the contextual time in which they were written. Addiction is a highly sensitive topic for many, reflecting the inequities vulnerable communities have been subjected to. Care must be taken when attempting to address and empower communities that have been historically disenfranchised.

When utilizing the resources of this toolkit, users are asked to keep in mind that terminology changes quickly, especially in harm reduction spaces. The resources included in this toolkit were published at different timepoints and the language used may be dated but tied to useful resources written in good faith. The authors of this toolkit do not endorse all of the language used and recommend discernment and using person-first language.

Influencing Policy and Creating Impact

Get up to speed on the fundamentals of the science of stigma

Stigma: A Cycle of Process and Outcomes

Foundational Concepts at the Intersection of Structural Inequity and Addiction

These articles encompass some of the most influential and foundational studies in the science of stigma and its impact on health. This summary document is meant to provide an easily digestible reference that allows readers to quickly get up to speed on necessary concepts related to stigma as both a process and an outcome and the evidence of stigma's negative impact on individual and community health and well-being. Links to original articles are provided within.

Key findings and critical next steps for policy influencers from the TASSEL pilot study

Policies to Combat the Structural Stigma of Addiction in Law

This brief provides an outline of the TASSEL study and presents the most urgent areas of need for policy change to reduce addiction stigma in law. Key policy surveillance results from local and state laws are relayed with specific actionable next steps for policy-influencer and policy-maker audiences. Publication pending.

Helpful tools for policy influencers: TASSEL pilot study result maps and infographics
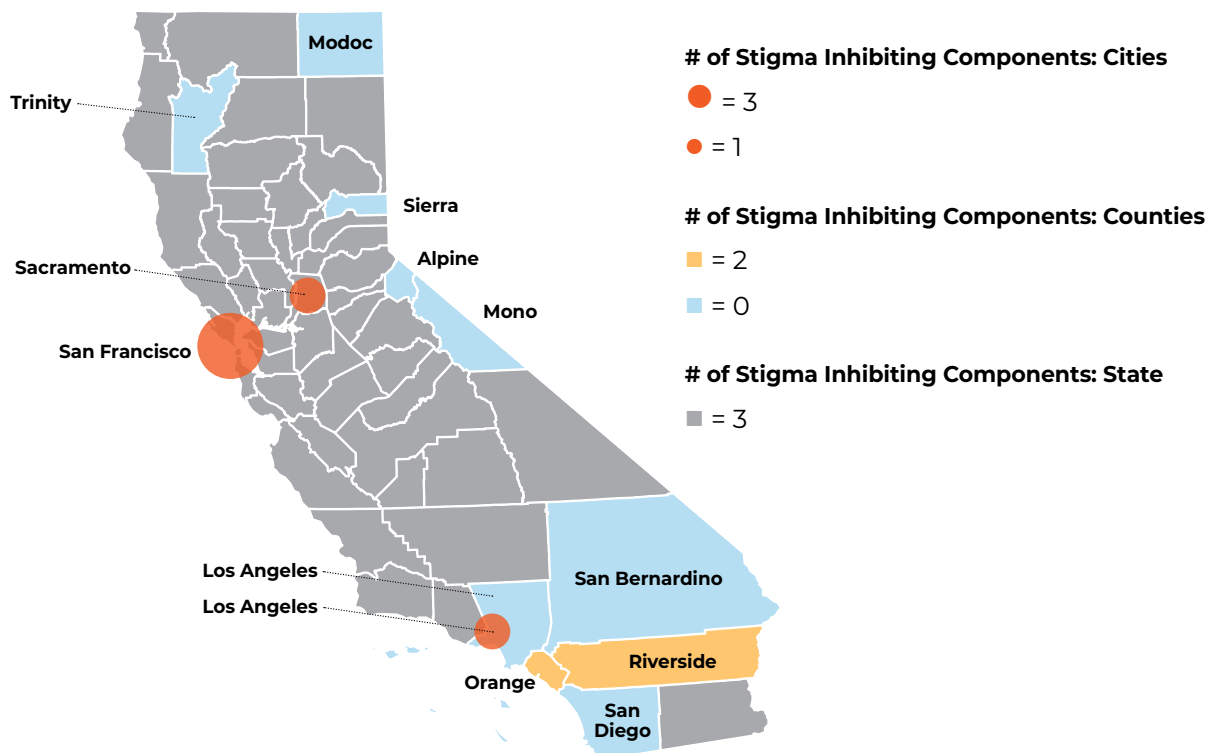
TASSEL Results and Graphics

In the map below, three geographic jurisdictions are represented: cities, counties, and the state. Legal epidemiology techniques were used (see Building the Evidence) to evaluate the law at each geographical level. Examples where the laws reduce stigma against individuals with addiction were collected and geo-coded, with inter-coder reliability established. When evaluating the law, we asked:

1. Does this law prohibit the labeling of human difference?

2. Does this law prohibit the ascription of deviance to characteristics used to mark difference between groups?

3. Does this law prohibit the separation of out-groups from in-groups?

The number of "yes" answers to the above questions are shown at the city, county, and state levels in Figure 1.

FIGURE 1

Addiction-based stigma reduction across California's cities, counties, and state

# of Stigma Inhibiting Components: Cities
● = 3
● = 1

# of Stigma Inhibiting Components: Counties
■ = 2
■ = 0

# of Stigma Inhibiting Components: State
■ = 3

Evaluate current laws or upcoming bills to determine their likelihood to advance or reduce stigma against individuals with addiction.

TASSEL Legislative Report Card

This questionnaire can be used to evaluate currently active laws and policies or bills and other proposed legislative language. Some applications of this tool can include preparing for legislative testimony before committees, preparation before meetings with representatives, or when working with advocacy groups. This report card should be used to evaluate a policy's likelihood to promote stigma against individuals with addiction. The creation of this tool was informed by the methodological process and findings from the TASSEL study. In this evaluation, we looked for language that advances or reduces stigma against individuals with addiction and SUD across multiple jurisdictions in the state of California. For more information on this, see the Building the Evidence.

Useful Theories and Frameworks to Identify Policy Opportunities for Action

Public policy theories and frameworks can be used to help bridge the gap between research and policy making. Two theories, the Kingdon Multiple Streams Model and Punctuated Equilibrium Theory are included to help researchers unfamiliar with policymaking recognize windows of opportunity and the usual pace of policy change. Two frameworks, the Integration Action Framework and Advocacy Planning Framework, are included as resources for researchers and advocates to leverage translational research to inform policy.

THEORIES

Kingdon's Multiple Streams Model

Implementation of a policy innovation happens when a window of opportunity for policy change becomes available. For a policy window to form, three streams must be present: a problem stream, a policy stream, and a politics stream. In other words, there is awareness of the problem, a viable solution exists, and there is political will.

Punctuated Equilibrium Theory
Baumgartner & Jones

The Punctuated Equilibrium Theory states that much of policymaking consists of long periods of small, incremental changes, punctuated by brief periods of major change. The long periods of stability are often due to institutional cultures and the ability of individual policymakers to only focus on a few priorities (the ones at the top of their policy agendas). Major policy change can happen when these conditions shift. Change in government administration or an event that changes public opinion are ripe opportunities for significant policy changes that influencers and advocates should take advantage of.

FRAMEWORKS

CDC's Policy Analytical Framework
Centers for Disease Control and Prevention

This framework applies the principles of bringing people together in action to advance policy change in their own working environment, community, region, or state. Designed to advance policy solutions for any health problem, the same four steps can be followed to promote policies that address stigma and addiction:

1. **Articulate the key problem(s)**.

2. **Identify and collect information and data** (quantitative and qualitative) that confirms, illustrates, illuminates, or clarifies the problem(s) and points to potential policy solutions; clarify what is cited as evidence related to the problem.

3. **Develop an analysis of policy solutions** including an assessment of policy solution feasibility and prioritization of policy solution options.

4. **Determine a strategic plan** to advance your policy solution, deliver messages from the narrative that are specific to the audience or policy opportunity, use engaging and accessible products to share the story, enrich it, and amplify it.

🔍 FRAMEWORKS

The Advocacy Planning Framework
International Centre for Policy Advocacy

The Advocacy Planning Framework (APF) is a multidimensional mapping and planning tool designed to help advocates develop a realistic strategy for policy change. Under the APF, stakeholders map out their target policymaking process around three main pillars and a strategic core. The three pillars are:

- **The way into the process:** focused on the path to introduce stakeholder's ideas into policy debate

- **The messenger:** focused on identifying the face of the advocacy campaign; and

- **Message and activities:** focused on development of convincing messages through clear communication, tools, and advocacy activities.

The APF also helps stakeholders identify the strategic core: where they can leverage advocacy and resources to overcome obstacles to change and achieve feasible policy objectives.

How to Affect Policy Making

A variety of mechanisms can be used to translate research into actionable policy solutions. Regardless of approach clear communication with policy or decision makers is essential. This section offers tips for communicating with policy makers, testifying before a legislative committee, and writing a policy brief. While these tools and skills are often discussed at the state policy level, the same approaches can be employed at local and county levels as well as at the institution or health system level. In addition to the resources you will find below, refer to our **TASSEL legislative report card** which can provide useful talking points when preparing for conversations on specific policies or proposed bills that may impact stigma towards addiction.

How to Communicate Effectively with Policy Makers: Combine Insights from Psychology and Policy Studies

P Carney & R Kwiatkowski, Palgrave Communications

Policy makers often need to gather information quickly to inform their decision making. This article presents a three-step communication strategy, based on lessons learned from psychology and policy theory, to guide stakeholders on how to effectively communicate with policy makers:

1. **Understand your audience:** synthesize evidence and present your key take-aways and conclusions clearly. Do not bombard with evidence.

2. **Identify the right time to act based on the policy environment:** attention to a problem, options of feasible solutions, and political will.

3. **Engage with the real world, complicated policymaking process rather than waiting for an organized opportunity to provide evidence:** build relationships and coalitions; carefully examine and select the best messenger to convey the evidence.

Tips for Testifying Before a Legislative Committee

American Civil Liberties Union of Rhode Island

Public testimony is one mechanism to participate in the legislative process and inform public policy. This general tip sheet provides guidance to prepare and testify before a legislative committee. Committee hearings vary by state; review state websites for details on committee processes, schedules, and how to pre-register or sign-in for public sessions.

Writing a Health Policy Brief

SL Wong, LA Green, AW Bazemore, & BF Miller; Families, Systems, & Health

Policy briefs leverage scientific knowledge and/or clinical experience to provide objective evidence to inform policy development or offer a menu of policy options. This article details four steps to write a health policy brief:

a. define the problem,

b. state the policy,

c. make your case, and

d. discuss the impact.

The article also includes four tips: (1) call your document a policy brief as clarity is critical; (2) clearly state your key points: state conclusion at the beginning and provide analysis to support; (3) remain objective; policy briefs are not opinion editorials; and (4) restate key messages to end with impact.

Addressing Stigma through the Lens of Cultural Change

Take a walk through the foundational publications that highlight the influence of stigma on cultural norms and public opinion

The Intersection of Stigma and Cultural Change

A Synthesis of Seminal Articles

This resource is meant to help the reader obtain a foundational understanding of the influence stigma and culture have on one another in a dynamic and active process. It is essential to understand the multiple levels where stigma lives in order to have a comprehensive approach and ultimately reduce stigma for vulnerable communities, including individuals with addiction. The curated publications within provide an introductory look at the topic with easy to digest summaries and links to the original articles.
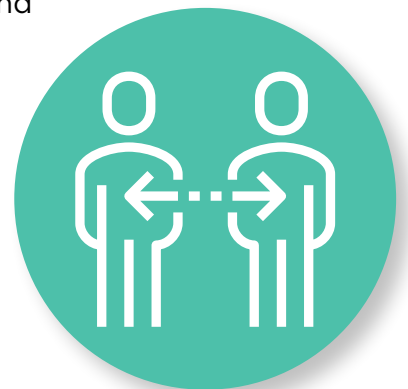
Community and communication-focused tools

Anti-Stigma Toolkit: A Guide to Reducing Addiction-Related Stigma

The Central East Addiction Technology Transfer Center

The Anti-Stigma Toolkit is designed to provide practical tools for a variety of approaches to prevent addiction-related stigma. It is organized into four chapters: background on addiction-related stigma (chapter 1); prevention strategies and implementation tips (chapter 2); worksheets to operationalize implementation strategies (chapter 3); and additional resources and references (chapter 4).

> The Anti-Stigma Toolkit is designed to provide practical tools for a variety of approaches to prevent addiction-related stigma.

The Toolkit is written to provide actionable tools and resources for simple, individual activities as well as comprehensive, community-based activities, including how to build and engage community groups for action through design and implementation of media advocacy health communications, and social marketing campaigns; advocating through media interviews, press releases, and op-eds; and planning and evaluation of stigma prevention activities.

The toolkit offers a variety of approaches to stigma prevention and recommends integrating approaches for greatest impact:

- **Information dissemination** to increase knowledge and awareness of stigma prevention policies, programs, and services.

- **Prevention education** via formal programs, like school-based education efforts, to increase decision-making and critical thinking skills to decern stigma.

- **Environmental changes** to change written and unwritten community standards, norms and attitudes in workplaces, schools, and other community-based environments.

- **Community approaches** with organizing, intervention planning, coalition building and networking to enhance a community's ability to develop and respond to complex problems like addiction-related stigma and to promote healthy communities.

- **Media-based approaches** to elevate the issue, frame messages and positions, provide information, promote action, and support other prevention efforts.

Coalition Building

Community Toolbox

University of Kansas

Many community problems, such as addiction stigma, are too complex for one organization to solve alone. Assembling a coalition of groups and individuals from different systems and sectors can be an effective strategy. The Community Toolbox offers practical guidance for how to start and maintain a coalition to achieve a shared goal.

A broad coalition membership will ensure greater buy-in success. Key individuals and groups that should be represented include:

- **Stakeholders,** including those most affected by addiction stigma (individuals charged with carrying out community functions related to addiction and stigma) or those who might be affected by the coalition's actions (staff at treatment centers, health administrators, community business owners).

- **Community opinion leaders,** including individuals who can influence many people (clergy and civic leaders), grassroots and emerging leaders who may not have a formal position but are highly respected in the community are essential to include.

- **Policy makers** at the local and state level.

- **Unaffiliated concerned citizens** who may not have a direct connection to addiction stigma, but can bring community knowledge and attitudes forward, and relay information back to the broader community.

Fostering allies and integrating impacted communities

Engaging People Who Use Drugs in Prevention Efforts: Benefits & Considerations

Changing laws and policies relies on collaborations and partnerships across sectors, including individuals with lived experience. This tool from the Prevention Collaboration in Action explores the benefits of engaging members of drug-using communities and offers strategies to create a safe and welcoming space for meaningful engagement.

Words Matter: How Language Choice Can Reduce Stigma

Language choice can reduce stigma. With all actions, engagement with stakeholders, and writing of laws and policies, language choice can advance and preserve stigma or destigmatize. Another resource from the Prevention Collaboration in Action which offers tips to avoid stigmatizing language.

Cross-cutting Comprehensive Tools

Laws and policies perpetuate or dismantle structural inequities which influence community perspectives. Structural stigma influences the internal biases which drive day-to-day discriminatory interactions while laws, regulations, and institutional policies create the driving forces behind the inequities that advance health disparities. As the TASSEL team considered the policy translation of results, it was clear that a comprehensive approach to influencing policies as well as cultural norms was necessary. Below are rich resources which guides users through both the policy-changing and community-building steps necessary for whole-scale change.

> Laws and policies perpetuate or dismantle structural inequities which influence community perspectives.

ChangeLab Solutions has created a variety of sources to advance equity through law and policy. *A Blueprint for Changemakers: Achieving Health Equity Through Law and Policy* provides a roadmap for working locally and collaboratively to advance equitable laws and policies. They outline excellent examples of how structural inequities are advanced through policies and laws with useful infographics.

This expansive resource outlines how to:

- Address health inequities at the local level: opportunities and barriers.

- Design specific strategies to address the fundamental drivers of health inequities.

    Structural discrimination, poverty, and income disparities, how to reduce disparities in opportunities, power, and how to leverage governance to promote health equity.

- Achieve health equity through partnerships and community engagement.

A companion resource, *Equitable Enforcement to Achieve Health Equity* is an introductory guide for policy makers and practitioners to consider and elevate equitable enforcement provisions frequently used in public policies.

Building the Evidence

Below you will find tools and information to replicate this methodological approach in legal epidemiology for research and policy translation teams with aligning topical interests in structural stigma in law, addiction laws and policy, and health equity.

What is legal epidemiology?

Legal epidemiology is methodology that allows researchers to apply the principles of epidemiology to the law in order to identify and track the impact of law on individual or community health. Health outcomes that result from application of the law could be positive or negative in nature. For more on this useful methodology consider the following publications:

- Advancing Legal Epidemiology
  Centers for Disease Control and Prevention

- The Growing Field of Legal Epidemiology
  Scott Burris, Lindsay Cloud, Matthew Penn

- Advancing Legal Epidemiology: An Introduction
  CDC Collaboration with Temple University
  Betsy Thompson, Lindsay Cloud, Lance Gable

How to ensure your outcomes meet your intentions; creating construct validity

TASSEL Policy Surveillance and Translation of Evidence

Narrative concept model on TASSEL's methodology and a process to policy translation. This process assists policy research teams ensure that primary outcomes are considered throughout the question development process which will be applied in the legal epidemiology methods when coding law. This critical visual map ensures that each developmental process can demonstrate its tie back to the foundational definition of stigma to ensure that legal findings are validated.

Horizontal and vertical application of TASSEL methods

Measuring stigma in law is difficult primarily because many laws that end up fueling stigma do not bear obvious signs of an intent to stigmatize. Therefore, a process for identifying stigma-promotion and stigma-inhibition is needed to satisfy the standards of legal epidemiology.

Stakeholders wanting to build this evidence base can proceed, as TASSEL did, in three phases:

- **First,** a concept model must be developed to anchor efforts to measure stigma in law ("construct validity").

- **Second,** the concept model should drive preliminary constructs, which are core features of the law that the team expects to find.

- **Third,** the preliminary constructs should guide the development of coding questions and quality control checks to ensure a focus on measurement of stigma in law.

Horizontal replication: The TASSEL study assessed California's laws and provisions at the county, city, and state jurisdictions for language that advances or reduces stigma towards addiction as related to alcohol, tobacco, and opioids. A Horizontal application of these methods would allow individuals to take the framework of this evaluation these constructs and parameters, and even coding questions, and apply them "horizontally" to a different state. The scope of the evaluation (which substances to include, which jurisdictions to evaluate and code) could be widened or narrowed depending on team capacity.

Vertical replication: Application of the TASSEL study methodology with vertical replication would allow the research team to use the same methods of legal epidemiology applied to the state of California. The difference, however, would be relative to the central theme. The TASSEL team evaluated stigma of addiction within California

law. If teams were to vertically replicate this evaluation, they could change the modifier for stigma, away from addiction to another condition (ex: stigma of obesity, stigma of mental health conditions, etc.). Alternatively, research teams could evaluate the California law as it relates to another component of addiction and move away from stigma in their question (ex: criminality of addiction, treatment of addiction, etc.).

It must be stated that this pilot evaluation demonstrated proof of concept, that stigma of addiction is present, advanced, and sometimes reduced through the laws at all levels of legal jurisdictions, county/municipalities, cities, and state. Due to limitations in resources the TASSEL team limited our scope of substances and number of jurisdictions for collection and coding purposes. Additional work is necessary to further identify laws which promote stigma of addiction in order to inform both the public and policy makers and ultimately amend the laws and policies which widen health disparities.

As we continue to build the evidence that demonstrates structural stigma, policy researchers should ask ourselves, how else can we track structural stigma beyond the use of legal epidemiology? Where else does structural stigma live and what kinds of methods and analyses are needed to accomplish these evaluations. May we consider partnerships with health geographers, social epidemiologists, educators? What additional systems should be considered for translational research?

Measuring individual's attitudes, practices, and beliefs is important, but does not capture stigma at the structural level. In contrast, mapping stigma in law is a structural measure, which makes legal epidemiology an important tool. There are many other techniques that can be used to measure structural stigma, including but not limited to spatial analysis of issues like residential segregation, hospital and health clinic closures, and environmental hazards. The impact of stigma in law can also be measured indirectly, for example, by measuring the relationship (if any) between the existence of antidiscrimination laws and important health outcomes for vulnerable groups.

TASSEL results
Results from this evaluation of addiction stigma in law through use of legal epidemiology methods can be found below. Manuscripts detailing methods and full description of the study and findings are in development.

- [Map and policy graphics](#)

- [Law Atlas](#)

TASSEL's Call to Action

We urge health professionals, executive officials, and policy makers to leverage laws and policies to eliminate or reduce addiction stigma.

Stigma harms people who live with addiction. It makes their lives and the lives of those who care for them measurably worse. Fortunately, we have many anti-stigma tools that can help, but some are more likely to be effective than others. Laws and policies are especially promising tools because they target stigma upstream at its roots. And because stigma is linked with social inequities, structural solutions for addiction stigma are also critical for advancing health equity.

The resources in this Toolkit enable leaders and changemakers to identify addiction stigma in laws and policies at local, county, and state levels. Equipped with that knowledge, change agents can use the policy development tools offered here to eliminate laws and policies that fuel addiction stigma and strengthen or create laws and policies that reduce addiction stigma. In addition to this Toolkit, a variety of TASSEL products (e.g., Legislative Report Card, Policy Brief, Legal Dataset) can further assist in leveraging the power of laws and policies to eliminate or reduce the stigma that harms people with addiction, their families, and their communities.