The 1981 "Alcoholism - You Can Beat It" USPS Stamp Debacle: Lessons Moving Forward



In 1981 US Postal Service has a stamp campaign intended to reduce stigma and improve access to care titled "Alcoholism – You Can Beat It." It was issued at a time when national advocacy groups were relatively strong, and headway was being made in respect to developing services and improving public perceptions about alcohol and other substance dependence. It is a revealing story of good intentions run amok. What can we learn from it?

97,535,000 million of the stamps were issued. In the word "alcoholism", the second letter "o" was drawn in the form of the anti-alcohol campaign symbol - a stylized caduceus the wrench-key of which is directed upwards. It was a good design with a lot of media fanfare. The New York Times <u>published an article about the stamp</u>, noting it was designed by John Boyd of Anagraphics, Inc., of New York City. The <u>National Council on Alcoholism</u> (NCA), the most active organizations in the battle against alcoholism was invested in the campaign. The NCA even had prepared a first-day cover <u>cachet</u> to accompany the new stamp, available for a contribution of \$5.

The campaign, intended to support treatment for alcoholism is known as one of the most disastrous stamp issue in the history of the US Postal Service. The general public refused to use the stamp. People were afraid that if they put it on an envelope and sent it to someone that the person would think that they were being judged as being alcoholic, or even that someone may think that they had a problem with alcohol. Pervasive societal stigma killed a campaign intended to reduce societal stigma. The campaign was an abject failure. The US Postal Service ended up destroying most of the nine million stamps. It highlights how very deeply negative perceptions about us runs through our society.

Considering how I have consistently underestimated stigma over the course of my life, I can empathize with the stamp project organizers. No judgement from me. The truth of the matter is that negative perceptions about addiction and those of us in recovery from substance use seem endless at times. It operate in ways we may not readily see. It should teach us to be cautious in our efforts to reduce stigma in order to minimize potential harm from our efforts.

In our era, the sharing of recovery statuses and stories is the principal ways we try and improve public perceptions about recovery. Yet we do so in a sea of negative perceptions about us. There is little discussion on the risks of such disclosure. A few years back William White, Danielle Tarino and I put together a paper considering the risks and related ethics of sharing recovery status, titled <u>Personal privacy and public recovery advocacy</u> in order to explore these issues.

One of the things we note is the risk of centering ourselves as the responsible entities for change. If only we tell the perfect recovery story, everything will change. If only it were that simple. We have little idea what the people think or how they act differently towards after they passively listening to us share about recovery.

What does the general public actually think about us? How many of those who smile and clap when we stand up would not be willing to lick a stamp and put it on an envelope out of fear that it would be seen as an accusation or

acknowledgement of having a problem? I am reminded of story of a colleague who stood up to be counted as in recovery. As he sat down he overheard the organizers who just applauded him note that it might be nice he was in recovery but he would never be trusted to enter their home. I have experienced similar negative experiences myself.

Has stigma improve since 1981? In April 2022, Elveyst and PRO-A released a report highlighting high levels of perceived social stigma against People Who Use Drugs or are In Recovery (PWUD/IR). How Bad Is It, Really? Stigma Against Drug Use and Recovery in the United States. The key takeaway is that perceived societal stigma about people like me remains highly prevalent. We conducted a second survey with an additional report, Opportunities for Change, An analysis of drug use and recovery stigma in the U.S. healthcare system. It is the largest research survey to date assessing endorsed and perceived substance use and recovery stigma expressed by U.S. healthcare workers, as compared to non-healthcare workers. We found pervasive negative perceptions in that survey as well. Perhaps it has, but not markedly.

The 1981 stamp debacle can help is reflect on the sharing of recovery stories, which we do out of a desire to change public opinion. We are as well-meaning as those who worked on stamp project. How do we know that what we do is causing less harm than that debacle? The stamp saga reveals how people refused to commit to the simple act of licking a stamp, putting it on an envelope and dropping it in the mail. Most of our current campaigns are more passive, we do nothing to identify and address the associated risks for recovery community members in media campaigns.

People listen to us share, smile and clap, but what are they asked to do to examine their own biases. How many actually form more open views about us? What happens in circumstances where it does not work that way?

Some questions to consider:

- What do we think would happen if we ran those stamps today as "addiction you can beat it" would we see a similar public backlash?
- What happens to people in recovery when they get held up as positive examples, their faces plastered on the sides of buses and on media campaigns? Has it ever been studied?
- Do we consider the ethics of anti-stigma campaigns? Should funders insist on ethical standards and informed consent in situations where people are asked to share their stories and risk their wellbeing?
- Should we have broadly adhered to standards for stigma campaigns to ensure they do not take advantage of vulnerable communities? Institutional Review Boards (IRB) like processes to ensure subjects are not exploited?

I have no regrets about being open about my recovery. But, I also understand the potential risks much more clearly than I did years ago. I know many people who feel the same way. Yet, we still live in a society in which most people do not want to be near us, don't think we can heal and hold a myriad of other negative perceptions about us. My experience, of consistently underestimating the impact of stigma was true for the alcoholism stamp campaign. It is also quite likely true for the majority of people in recovery, particularly those of us early in the recovery process.

What can we learn from the "Alcoholism You Can Beat It" stamp issue of 1981? One thing we should learn is that well-meaning groups who are trying to reduce stigma have inherent blind spots. We can now, as they did then, dramatically underestimate the level of negative public perception the general public holds about us. The consequence at that time was a stamp recall. In an era where we ask people to stand up and be open about their addiction and recovery status, it is arguable that the consequences are much greater but also largely invisible to those not directly impacted.

I could fill pages with stories from the last few years of people I personally know who were open about their recovery and as a result experienced significant harm, and in more than a few occasions was a factor in their death. The reason we have institutional review boards for human experimentation is that we recognize that people can be exposed to potential harm. They are vulnerable to being exploited. The very same thing is true in respect to the use of people's personal stories in anti-stigma media campaigns. There is a great deal of money being made off of harvesting and sharing of recovery stories for grant deliverables and other projects that serve the financial interests of the organizers.

We should develop an ethical media review process for use across the nation. It would require that no federal dollars be permitted to be used for campaigns to share recovery stories that have not undergone a process like an IRB but with a broader scope. An ethics panel that reviews our stories for use in media to promote the SUD treatment industry in order to protect people from "harm in the name of help." A Recovery Story Media Review Board (RSMRB) overseen by people in recovery aware of the potential risks who do not stand to gain in any material way by such solicited disclosures.

We should commit to do no harm in our attempts to reduce stigma.

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