

THIS IS WHO WE ARE.



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Stigma and Language

The Words We Use Matter

presented by



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Workshop Learning Objectives

- Identify less obvious stigma that persists within the substance use and recovery domains of workforce and service delivery
- Demonstrate subtle stigma and discriminating language pertaining to individuals utilizing medications for opioid use disorder
- Model effective ways to address these more subtle stigmas

Stigma

"Stigma is a degrading and debasing attitude of the society that discredits a person or a group because of an attribute... Stigma destroys a person's dignity; marginalizes affected individuals; violates basic human rights; markedly diminishes the chances of a stigmatized person of achieving full potential; and seriously hampers pursuit of happiness and contentment."

- 2015 International Conference on Stigma, Howard University, Washington, DC

Fear

Shame

Distrust

Prejudice

Stereotyping

Discrimination

Stigma

Cause and Effect

- Stigma from within
- Stigma in recovery community
- Stigma from clinicians & medical providers
- Stigma from outside
- Blame self, feel hopeless
- Medications vs. “abstinence”
- Belief that treatment is ineffective
- Choice (moral failing) vs. disease

3 Types of Stigma

“Public stigma” encompasses the attitudes and feelings expressed by many in the general public toward persons living with mental health or SUD challenges or their family members.

“Institutional stigma” occurs when negative attitudes and behaviors about mental illness or SUD, including social, emotional, and behavioral problems, are incorporated into the policies, practices, and cultures of organizations and social systems, such as education, health care, and employment.

“Self-stigma” occurs when individuals internalize the disrespectful images that society, a community, or a peer group perpetuate, which may lead many individuals to refrain from seeking treatment for their mental health or SUD conditions.”

Self-Stigma

Internalized shame and self-condemnation and internalized hopelessness - the deadliest aspect of stigma.

- Street language – “dope fiend”, “junkie”, “dirty”, “clean” “subs”, “black”
- Especially high in families with intergenerational drug use, where substance related secrecy becomes part of the family dynamic.

A 2019 study of over 400 patients indicated that people seeking inpatient detoxification continue to struggle with experiences of self and perceived stigma.

- Stigma may be a barrier to accessing a first episode of substance use treatment (which was not the subject of this analysis).
- Higher stigma is associated with previous detoxification program admissions.

- Untreated self stigma can lead to more complex internalization of shame and low self worth
- Can include fear of emergency departments, helping professionals, medical providers, and peer supports.
- Intense feelings of shame and dishonesty
- Must be offset with generous and compassionate gifts of dignity, empathy, kindness, respect, and listening.
- This is why the education starts with the person who uses drugs.



Stigma Injury



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How Does Stigma Affect Family Members & Providers?

Courtesy stigma means that sometimes family members & those associated with persons with mental illness/SUD experience avoidance by others because of stigma.

Often mental health and addiction services receive less funding because of the type of service they provide.

Communities lose the positive resources those with mental illness/SUD could provide. Stigma perpetuates fears about mental illness and addiction.

Where Stigma Lurks



Implicit bias revealed in the behavioral health workforce and in the public (Kelly & Westerhoff, 2010)



WHO research reveals that stigma associated is with poor mental and physical health among people who use drugs and is among top reasons people don't access treatment.



In the medical setting, people with SUD report being dismissed, mistreated, and receiving inadequate care (McNeil et al., 2016 & (Merrill, et al., 2002)



In the public, “alcoholics”, “addicts”, and “relapse” evoke greater implicit bias than person first language (Ashford, Brown, and Curtis, 2018).

Stigma = Bias

- Explicit – recognizable and pronounced
- Implicit – not as easy to spot, harder to address
- Exists in all of us
- We have to engage in thoughtful self-reflection and examination to
 - Identify
 - Address
 - Change

Recovery in Limbo

Deconstructing the discriminating language
around pharmacotherapy

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Limbo Status of the MAT Patient

Positing recovery as a journey of self-transformation, the methadone patient subsists in undetermined space—a hinterland beyond the clearly demarcated identity fissures of “addict” or “recovering addict.” In the absence of a proactive recovery culture, the methadone maintenance patient becomes tied to an archetypal “spoiled identity” to be managed and governed rather than retrieved, nurtured and healed.

(Bamber, 2010)



Examining the Paradigm

- What if we treated other diseases the way we treat substance use disorder?
- And, what if we treated people with opioid use (OUD) disorder the same way we do alcohol and other drugs (AOD)?
 - What if we spent more time distinguishing between physical dependence, tolerance and withdrawal, versus addiction, craving, obsession, and compulsion?
 - What if we discerned, openly and with advocacy, the difference between drugs that compromise recovery status, and medications that enhance recovery stability?

Growing Professional Consensus

MAT patients who achieve recovery via these three dimensions, continued participation in medication maintenance or eventual tapering and recovery without medication support represent varieties of recovery experience and matters of personal choice, not the boundary of passage from the status of addiction to the status of recovery.

(White, 2012, Journal of Addictive Diseases)



Examples of Discrimination: Opioid Use Disorder

- People with SUD and those on agonist therapy may not be accepted to post-acute care facilities
- People on agonist therapy may not be offered organ transplantation
- People mandated to treatment as a condition of probation who have a positive toxicology despite treatment adherence can be imprisoned
- Difficulty accessing some recovery residences

Stigma Within the Recovery Community

- 12-Step not fully embracing MAT, because they see it as a moral failing or character defect
 - I did it, why can't you?
 - "Nodding out" = "being high"
- Clinics can be demeaning
 - Denial of take-home medications
 - Invasive call back procedures



End the stigma through compassion and with respect

Stigmatic Language: Pharmacotherapy

- Still using an opioid / not “in recovery”
- It’s a crutch
- They’re still addicted / dependent
- Mind altering substances
- Use of narcotics
- They’re not in recovery
- They’re treading water; not going any where/not moving forward
- It’s just social control
- Liquid handcuffs

Stigmatic Language: Pharmacotherapy

- Drug Seeking
- Dope fiend
 - Dope whore
 - Dope sick
- Chasing the high
- Nodding off
- Diversion
- Illicit substances
- Non-compliant



Eliminating Stigma: Language Matters

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Non-Stigmatizing Language

"By using accurate, non-stigmatizing language, we can help break the stigma surrounding this disease so people can more easily access treatment, reach recovery, and live healthier lives."

Michael Botticelli, Former Director
White House ONDCP





Abstinence is not a valid measure



Length of time is not an adequate descriptor; recovery is not linear.



Exclusive affiliation with a specific type of recovery is not an accurate reflection of the varieties of recovery experience.



Discerning between remission and recovery is important.



Global health and functioning is a foundation, internationally.



Drug user health is an overlooked variable, and necessary for framing recovery as the developmental process that it is.



Use of recovery capital concepts

Operationalize Recovery

Perform Language Audit

- Perform a “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language.
 - Example: Using the search and replace function for electronic documents, search for “addict” and replace with “person with a substance use disorder,” or search for “abuse” and replace with “use” or “misuse.”
- Make sure to review both internal documents (e.g., mission statements, policies) as well as external ones (e.g., brochures, patient forms).
- Reference the [Addictionary](#) for help with language
- Consider the impact of Recovery Dialects.



Recovery Dialects

	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.



SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

Language Matters



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Recovery Dialects

The words we use matter.

Positive		Negative
Person who uses substances		Substance Abuser
Recurrence of Use		Relapse
Pharmacotherapy		Medication-Assisted Treatment
Accidental Drug Poisoning		Overdose
Person with a Substance Use Disorder		Addict
		Alcoholic
		Opioid Addict

While some negative language is okay to use in mutual aid meetings, its use should be avoided in public, when advocating and in journalism.

 SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

Language Matters

Evidence-Based Interventions

Stigma Elimination Through Contact

- Peer storytelling
- Role modeling daily

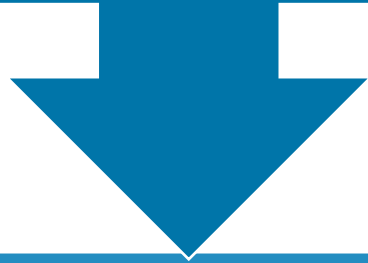
Stigma Elimination Through Education

- Peers educating on the science of addiction and recovery
- Providing education to peers, families, stakeholders, and the community

Stigma Elimination Through Language

- All of us using non-stigmatizing and recovery-oriented language
- Holding each other accountable by creating teachable moments/learning opportunities when we use stigmatizing language.

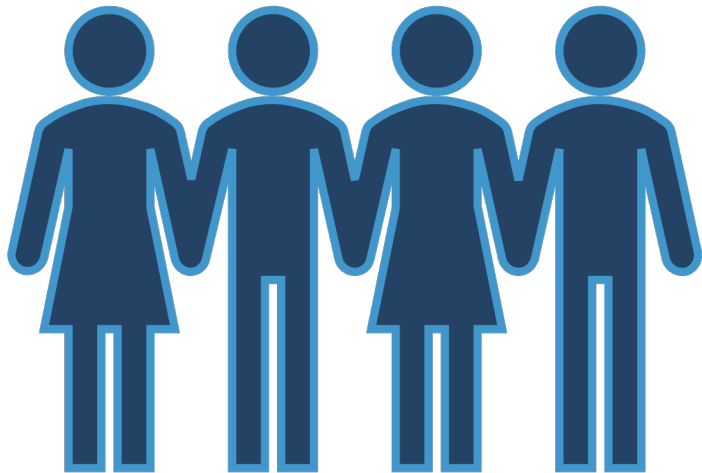
Conduct anti-stigma campaigns aimed at patients, families, staff, allied professionals and the community.




Affirm that *recovery is contagious*

Flip the Script


Missing Voices



Recruit
individuals/families
to put faces and
voices on recovery
and
pharmacotherapy



Challenge the myths we discussed earlier, and educating others in a compassionate way



Not be part of the paradigm shift, but a shifter of the paradigm.

Words Have Power

“Words have immense power to wound or heal...The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower.”

- William White, Author and Recovery Advocate





Questions?



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