



THE POWER OF LANGUAGE

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Presentation Goals



- To understand that substance use and mental health problems know no bounds and can enter someone's life anywhere at any time
- To realize that people with substance use and mental health problems can and do recover, and continue to enrich society with their contributions.
- To recognize our own preconceived ideas about substance use and mental health disorders.
- People living with substance use and/or mental health disorders make many important contributions to society.
- People can recover from co-occurring substance use and mental health problems.
- Society must learn to look beyond the label and see a person with strengths, talents and wisdom.

WHAT IS STIGMA

Stigma is:

- A complex idea that involves attitudes, feelings and behavior
- A word referring to the negative “mark” attached to people who possess any attribute, trait or disorder that marks that person as different from “normal” people. This “difference” is viewed as undesirable and shameful, and can result in people having negative attitudes and responses (prejudice and discrimination) toward another person.

MULTI-LAYERS OF STIGMA

Not only do people who live with the co-occurring disorders of mental health and substance use disorder experience stigma driven prejudice and discrimination, other factors could add additional layers, such as:

- | | |
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| <ul style="list-style-type: none">● Ethnicity● Race● Religion● Sexual Orientation | <ul style="list-style-type: none">● Invisible or visible disabilities● Gender● Economic status● age |
|--|--|

Effects of Stigma

When people are experiencing difficulty in their lives because of co-occurring substance use and mental health problems, it is often hard for them to reach out for help because of the stigma and discrimination associated with both of the co-occurring problems. They worry that people will learn about their situation and react negatively, perhaps as family and friends have, leading them to put a great deal of energy into keeping problems to themselves. People experience prejudice and discrimination because of the negative stereotypes associated with such labels as “alcoholic,” “addict,” “crazy,” “insane,” etc.

What do you think are some of the effects of Stigma? Please type your answer into the chat box.

EFFECTS OF STIGMA

- prejudice and discrimination (in medical care, housing, employment)
- negative feelings about self (self-stigma); for example, believing the negative stereotypes generated by society and media messages
- tendency to avoid seeking help, and to keep symptoms and substance use a secret
- social isolation and/or constricted social support network
- poverty
- depression
- loss of hope for recovery
- suicide

The effects of stigma

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

Stigma stops people from seeking treatment because of the fear that they will not be treated with respect or dignity within the treatment system. Powerful and pervasive, stigma prevents people from acknowledging their substance use problems, much less disclosing them to others.

An inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation, and hopelessness.

Two-Fold Impact of Stigma

Public Stigma:

Stereotype - Negative belief about a group (e.g., dangerous, incompetence, character weakness)

Prejudice - Agreement with belief and/or negative emotional reaction (e.g., anger, fear)

Discrimination - Behavior response to prejudice (e.g., avoidance, without employment and housing opportunities, withhold help)

Self-stigma:

Stereotype - Negative belief about the self (e.g., weakness, incompetence)

Prejudice - Agreement with belief, negative emotional reaction (e.g., low self-esteem, efficacy)

Discrimination - Behavior response to prejudice (e.g., fails to pursue opportunities).

Harmful Effects of Stigma



The Real Stigma of Substance Use Disorders



In a study by the Recovery Research Institute, participants were asked how they felt about two people *“actively using drugs and alcohol.”*

One person was referred to as a
“substance abuser”



The other person as
“having a substance use disorder”



No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE **“SUBSTANCE ABUSER” WAS:**

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

Stigmatized Conditions

For people with a substance use disorders, stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders from getting the help they need. It can also prevent caregivers and others in the position to help from providing needed services, including medical care. Consider the following:

- Substance use disorder is among the most stigmatized conditions in the US and around the world.
- Health care providers treat patients who have substance use disorders differently.
- People with a substance use disorder who expect or experience stigma have poorer outcomes

Checking Yourself: Are you perpetuating SUD Stigma?

How can you tell if your prevention messages are stigmatizing? Consider these five questions:

1. Are you using “person first” language?
2. Are you conflating substance use and substance use disorder?
3. Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
4. Are you using sensational or fear-based language?
5. Are you unintentionally perpetuating drug-related moral panic?

Breaking the cycle: Tips for Avoiding Stigmatizing Language

- Perform a “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language.
 - For 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 (mission statements, policies) as well as external ones (brochures, patient forms).

Breaking the cycle: Tips for Avoiding Stigmatizing Language

- Critically reflect on the types of information you choose to disseminate (for example, an email alert) to ensure that you are doing so responsibly. Ask yourself:
 - What is the source of the message? Is it reputable? Do you trust this source?
 - Does the message contain information that is grounded in research and/or evidence based? If not, what is the basis for the claims?
 - Are you conveying the information accurately?
 - Are you unintentionally editorializing or adding commentary that would bias the message?
 - Does the message point to a “victim” or “bad guy”? If yes, who is that person? Are there any unintended consequences of labeling that person or group as “victims” or “bad” that would be compounded by disseminating the message more widely?

Breaking the cycle: Tips for Avoiding Stigmatizing Language

- Every time you develop a prevention message, consider it as an opportunity to dispel myths and convey respect. Ask yourself:
 - Who is my intended audience, and how can I use language to reduce stigma when communicating with this group? include language that fosters self-worth and encourages self-efficacy.
 - Am I correcting negative attitudes held by potential allies? You can help to change this perspective by using language that acknowledges the presence of these stereotypes while educating about the nature of addiction and affirming the shared priority of saving lives.
 - Am I maximizing connection, worth, and community membership? If not, might shame, isolation, or “othering” be implied by the language used?

Breaking the cycle: Tips for Avoiding Stigmatizing Language

When developing new materials, seek input from various stakeholders, including people who use drugs.

- Ask them if the main points are believable, authentic, trustworthy, and helpful for the intended audience, and if the language is appropriate and respectful.

Train staff on issues related to substance use and stigma, including the important negative health and community outcomes related to perpetuating stigma.

- Focus on the inadvertent ways that staff may be perpetuating stigma in day-to-day conversation. Ask them to think about the perceptions they hold of people with substance use disorders and the words and language they use in discussing individuals or cases. How can they explore alternative language? How can they adopt this alternative language?

Words to use, and not use

Words to avoid:

Addict
Alcoholic
Drug problem, drug habit
Drug abuse
Drug abuser
Clean
Dirty
A clean drug screen
A dirty drug screen
Former/reformed addict/alcoholic
Opioid replacement

Words to use:

Person with substance use disorder
Person with alcohol use disorder
Substance use disorder
Drug misuse, harmful use
Person with substance use disorder
Abstinent, not actively using
Actively using
Testing negative for substance use
Testing positive for substance use
Person in recovery
Medications for addiction treatment

“STICKS & STONES MAY BREAK MY BONES, BUT WORDS WILL NEVER HURT ME.”

Might be an old adage, implying that words cannot cause harm, however, words can truly be weapons that can hurt people, especially when those words serve to reinforce misconceptions and misrepresentations of already heavily stigmatized medical conditions, like mental health and substance use disorders.

WORDS CAN WOUND

Common words used when discussing substance use disorder, or mental health:

Addict



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crackhead

RETARD

PSYCHO

PERSON FIRST LANGUAGE

People-First Language emphasizes the **person**, not the disability, illness, or disorder. By placing the **person first**, the disability is no longer the primary, **defining** characteristic of an individual, but one of several aspects of the whole **person**.

~~ADDICT~~
~~JUNKIE~~
~~DRUGGIE~~
~~LIAR~~
~~FAILURE~~
~~CRIMINAL~~
~~CHOICE~~

HOW ABOUT:

HUMAN

SOCIAL | BRAD MCLEOD

What helps to sustain stigma?

- To maintain distance
- To express disapproval
- To feel superior
- To feel safe
- To promote agendas
- To control others
- To express fear
- To hurt others

Do I stigmatize others?

What Are Your Personal Beliefs About Why People Become Addicted?

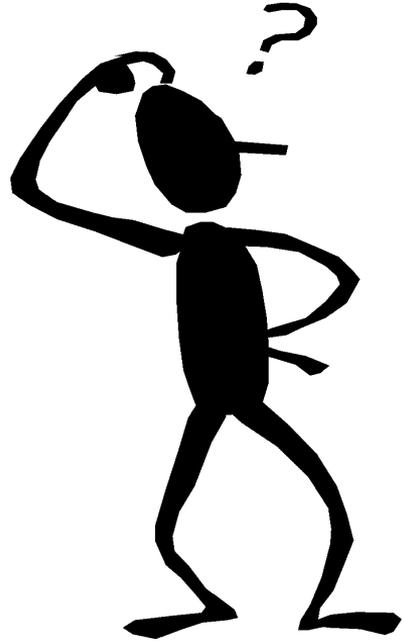
Do You Accept Certain Types Of Addictions More Than Others?

Do You Believe That Some People Are Beyond Help?

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

Do You Believe That Recovery Must “look” A Certain Way?

Stigma is both conscious and unconscious.



Questions?



Take a Break!

MISCONCEPTIONS & MISREPRESENTATIONS

CHOICE

- implies that suffering from a substance-related condition is a moral failure, or a character flaw
- are perceived to be “doing it to themselves”, “indulging”, or “engaging in willful misconduct.”

TRUTHS:

- people do choose initially to try a substance, however, brain changes involved in substance use disorder, evolve into people who are using the substance against their will and despite suffering terrible personal consequences directly resulting from use.

M & M's

ABUSE/ABUSER/ADDICT

- Found to negatively affect perceptions and judgments about people with substance use disorders
- Indicates that they should receive punishment rather than medical care for their disease
- more likely to be socially threatening, more to blame for their substance related difficulties
- Use person first language, instead of labeling

M & M's - Stereotypes

Dangerousness & Unpredictability:

- People with substance use disorders, in particular, are viewed by the public as weak-willed
- Among health professionals, negative attitudes toward people with substance use disorders increased over time during which they would have had more contact with people with those disorders
 - Several factors may explain why contact with people with mental and substance use disorders sometimes deepens stigma, including the affected individuals' symptom severity and stage of recovery
- Stereotypes of dangerousness can influence public policy in terms of restricting the rights of persons with behavioral disorders
- Stereotypes of violence and unpredictability are associated with higher levels of public stigma toward people with mental illness
- People with substance use disorders are considered even more dangerous and unpredictable than those with schizophrenia or depression
- Belief that a substance misuser's illness is a result of the person's own behavior can also influence attitudes about the value and appropriateness of publicly funded alcohol and drug treatment and services

M & M's

Alcoholic/Junkie/Tweaker/Dope Fiend

Remember “Person First” language. A **person** with:

- Alcohol use disorder
- Opioid/Heroin use disorder
- Methamphetamine use disorder
- or....Substance Use Disorder to replace all labels

M & M's

CLEAN/DIRTY

Often used to describe a urine drug screen. Instead use:

- Negative or positive for substance use
- Currently using substances, Not currently using substances
- Abstinent

Rock Bottom

“A person needs to hit “rock bottom” for treatment to work”

- **There is no concrete definition for “rock bottom”**
- **Can significantly influence the perceptions and behaviors of family members and treatment professionals towards the addicted person.**
- **Suggests that everyone, including the person using alcohol and drugs, is powerless to assist the substance user until they have arrived at this supposed “rock bottom.”**
- **Affects the expectations of the user towards him or herself.**
- **Can propel a counterproductive course of action, or may discourage any action at all.**
- **The “rock bottom” theory would imply that treatment will not be effective until most or all of these resources are damaged or lost completely.**
- **People who get help before their illness is so severe have more resources to draw upon, such as supportive family or a job**

Addicted baby, or born addicted

- Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome.
- Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.
- Using person-first language can reduce stigma.
- Baby with neonatal opioid withdrawal/neonatal abstinence syndrome
- Newborn exposed to substances

WHERE DO LABELS GO?



Lose the Label
Promoting person first language





CHANGING STIGMA, AS INDIVIDUALS:

But how do we face it? How do we change stigma? Maybe we start by building authentic connection, **recognizing that we too are human – vulnerable to suffering with a desire for love and acceptance.**

Consider these tips:

1. **Stop labeling:** First, you have to recognize when you use labels and stop doing so. Lose the blame factor. Put the person before the label.
2. **Cultivate curiosity:** This is as simple as asking questions. Notice when you start to place judgments and start to let them go. Ask someone in recovery about their experience and be open with your concerns or ideas, too.
3. **Develop connection:** Share stories – listening to someone’s story builds connection while telling your story builds acceptance of your experience. It’s likely you have more in common than you think!
4. **Pass it on and pay it forward:** Participate in continuing the conversation; connect with and inform others. This could be as simple as letting others know why the “addict” label doesn’t work.
5. **Show Compassion:** the simple act of showing affection can make their day but also remind passersby of something so easily forgotten: the humanity of those who are suffering

CHANGING STIGMA, AS A COMMUNITY:

1. **Speak Out:** If you see stigmatizing behavior, share an alternative.
2. **Educate:** Look for classes at your health department, mental health board, library, or local community college. If there are none, ask for it!
3. **Educational Campaign:** Educational anti-stigma interventions present factual information about the stigmatized condition with the goal of correcting misinformation or contradicting negative attitudes and beliefs.
4. **Peer Services:** Encourage your schools, clinics, wellness centers to development peer programs. Peer service providers are people with lived experience who work as health care team members and foster the provision of nonjudgmental, nondiscriminatory services while openly identifying their own experiences.
5. **Protest & Advocacy:** Target groups for protest and advocacy campaigns are opinion leaders, such as politicians, journalists, or community officials.

HOW WE CREATE CHANGE

- When talking to people with SUD, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.
- Because clinicians are typically the first points of contact for a person with an SUD, health professionals should “take all steps necessary to reduce the potential for stigma and negative bias.” Take the first step by learning the terms to avoid and use.
- Use person-first language and let individuals choose how they are described.
- Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates a person to their condition or has negative connotations. For example, “person with a substance use disorder” has a neutral tone and distinguishes the person from his or her diagnosis

Who Wears the Label?

In Closing:

People living with a substance use and/or mental health problem often feel ashamed, embarrassed and fearful of being judged. These feelings come from being stigmatized by society's negative stereotypes and by labels like “alcoholic,” “addict,” “psycho” and “mentally ill.” For example, the terms “crackhead” and “psycho” often conjure up images of violence.

This stigmatization can lead to prejudice and discrimination, creating barriers for people to seek the help they need. People who live with a substance use and/or mental health problem want society to know that they are so much more than the label that has been attributed to them. “I’m a human being. These are just some of my warts—but we all have them”

Key Messages

The stigma associated with concurrent disorders has a negative impact on people's quality of life. It can contribute to relapse and interfere with recovery.

The stigma associated with concurrent mental health and substance use problems affects people's access to decent, affordable housing, job opportunities and social networks, and can also influence their personal dignity.

Necessary Paperwork

To receive your certificate of completion with CEU's, please complete:

- Attendee CEU Form:
<https://docs.google.com/forms/d/e/1FAIpQLScmWak9oVIkU4tqSZKmjPOYZIig5AUVEEZnpKnYpKsPPHonkA/viewform>
- Presentation Feedback Form: <https://forms.gle/LfRt4boKwwhyrWwv5>

If you need/want naloxone (Narcan) or clean works, please contact Bella Crum at bella@live4lali.org or call/text 224-297-4393

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