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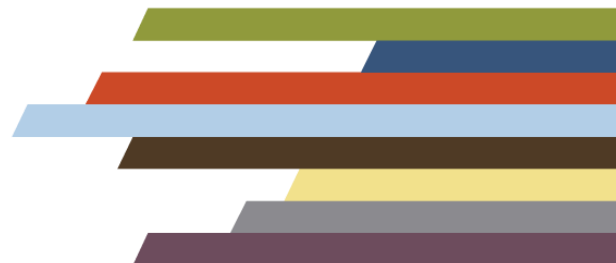
Changing Language to Change Care: *Stigma & Substance Use Disorders*

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SAMHSA

Substance Abuse and Mental Health
Services Administration



Disclaimer

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The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.



PEOPLE FIRST.



The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Mary McCarty-Arias, M.A.

More than 25 years experience training in co-occurring disorders, HIV, and vocational rehabilitation.



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Sources

This course was developed with help from the following trainings:

- From Stigma to Affirmation (2018). New York State Department of Health, AIDS Institute
- From Stigma to Affirmation (2019). Changing Language to Change Care: Stigma and Substance Use Disorders – STR (State Target Response) Technical Assistance

These training materials are public domain.



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Goals

1. Increase knowledge about stigma and discrimination and ways to combat them
2. Expand the focus on language around substance use, mental illness, and HIV/AIDS



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Objectives

- Define stigma and types of stigma
- Define discrimination
- Reflect on the impact of stigma, both personally and professionally
- Identify examples of stigmatizing language, behaviors, and institutional practice



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Ice Breaker

- Recall someone who saw the best in you
- Look at the questions on the next slide



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Questions to Reflect

- Who was the person or what was the situation?
- What made it positive for you?
- How did they communicate that they saw the best in you?
- How did you feel before, during, or after your time with this person?
- How might this apply to the topic of stigma?



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Stigma

- Stigma is a mark of disgrace associated with a particular circumstance, quality, or person. *-Dictionary*
- “[Stigma is] an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.” *-Goffman, E. (1963) Stigma: Notes on the Management of Spoiled Identity. New York: Simon and Schuster.*
- Social stigma is disapproval of a person based on socially characteristic grounds that are perceived, and serve to distinguish them, from other members of a society. *-Wikipedia*



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Feeling Different & Feeling Stigmatized

What's the difference?



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“Different”

What makes the feeling of being “different” either neutral, positive, or negative?

Marginalization,
discrimination,
disenfranchisement

Subtle negative
experience

Seen as
different

Subtle positive
experience

Privilege,
social power,
economic
power



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What Makes “Different” Stigmatizing?

Individual: negative judgment, lost opportunity, fear for self or other, violence

Larger society: other people like you have similar experiences, negative stereotypes about people who resemble you are wide-spread, people who you identify with are experiencing negative consequences



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More on Stigma

- Internal experience: shame, self-consciousness, self-blame and reduced self-worth
- The experience is repeated and/or more and more intense
- Manifested in many ways: physically, socially, verbally, institutionally

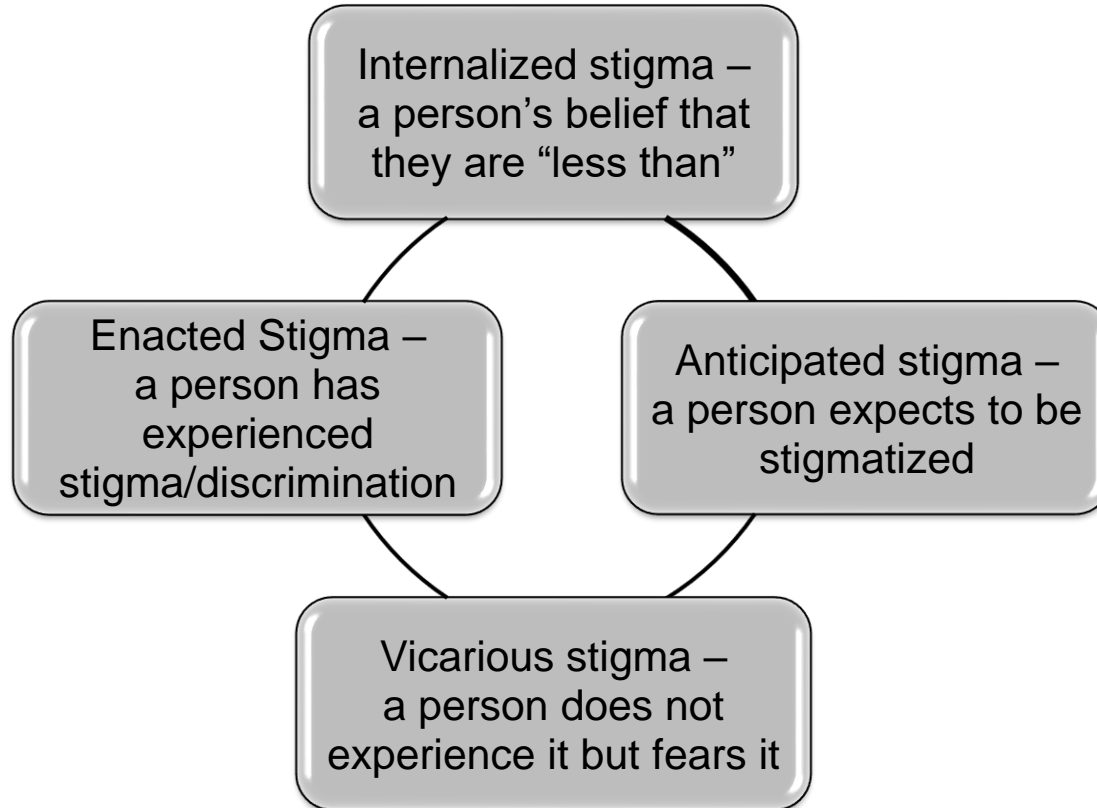


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Circle of Stigma



Stigma and Discrimination

Feeling different and feeling stigmatized are distinguished by the presence of societal forces.

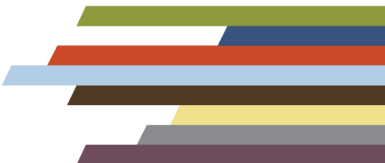
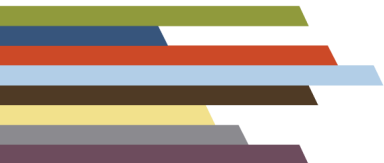
Together they give rise to:

- Labeling
- Stereotyping
- Separation
- Status loss
- Loss of opportunity

Definition of Discrimination



The unjust or prejudicial treatment of people due to membership in a particular group.



Connection between Stigma and Trauma

The experience of stigma is often traumatic

Physical, emotional, and mental effects

Personal resiliency promotes recovery



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Long-Term Responses

Possible long-term responses to trauma:

1. Effective coping with trauma ➡ Post-traumatic growth.
2. Resilience ➡ Partial healing or growth with some ongoing impact of unresolved trauma
3. Unresolved trauma ➡ Impact of trauma persists and can worsen



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Stigma and Women

- Stigma and shame shaped the nature of treatment for women
- Treatment programs for women were started in 1841
- One doctor thought drinking ale would help with nursing
- Men and women were separated in treatment to protect men



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White, W. L. (1998). *Slaying the dragon: The history of addiction treatment and recovery in America*.
Bloomington, IL: Chestnut Health Systems.

Discussion

What do you think of the expression
“Sticks and stones may break my bones,
but names will never hurt me”?



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Stereotypes of SUD Impact Practice and Policy

“For me, the most educational experience of the past three decades was to learn that the traditional image of the *addict* (weak character, hedonistic, unreliable, depraved, and dangerous) is totally false. This myth, believed by the majority of the medical profession and the general public, has distorted public policy for seventy years.”



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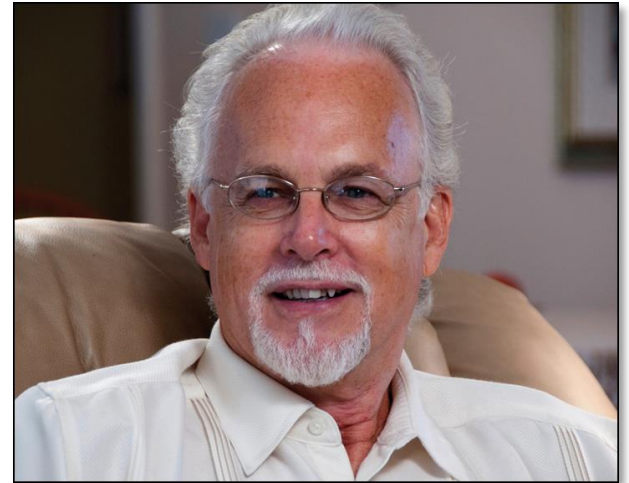
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Dole, V.P. (1994). What have we learned from three decades of methadone maintenance treatment?, *Drug and Alcohol Review*, 13:1, 3-4, DOI: [10.1080/09595239400185661](https://doi.org/10.1080/09595239400185661)

Power of Words

“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.”



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(William White, Author and Recovery Advocate)

What if.....

What if we treated other diseases
the way we treat substance use
disorder?



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You Go to the hospital....

You go to the hospital with chest pain and are found to be having a heart attack.

You are...

- Told it's "your fault" because of your "choices"
- Denied treatment because you "did it to yourself"
- Given a list of cardiologists and cath labs to call
- Only given aspirin if you agree to go to counseling
- Kicked out of the hospital for more chest pain

Language Used for People with Other Illnesses

Endures
Victim Afflicted
Fighter Suffers
Survivor
Patient

Language Used for People with SUD



Getting Rid of “Substance Abuse”

- Abuse: Derived from word meaning “wicked act or practice, a shameful thing, a violation of decency”
- Associated with behavior such as rape, domestic violent, and child molestation
- Professionals more likely to view patient as deserving of punishment if described as a “substance abuser”

Wakeman, SE (2013). Language and addiction: choosing words wisely. *American Journal of Public Health*, 103(4), e1–e2.
doi:10.2105/AJPH.2012.301191

Kelly, JF, Westerhoff, CM (2012). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms, *Int J Drug Policy*, 21(3), 202-207. DOI: [10.1016/j.drugpo.2009.10.010](https://doi.org/10.1016/j.drugpo.2009.10.010)

Types of Stigma for SUD

Stigma from within

- *Blame self, feel hopeless*

Stigma from recovery community

- *Medications versus “abstinence”*

Stigma from clinicians

- *Belief that treatment is ineffective*

Stigma from outside

- *Choice vs. disease*

Examples of Stigma

- 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



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Impact of Stigma

- Erodes confidence that substance use disorder is a valid and treatable health condition
- Barrier to jobs, housing, relationships
- Deters public from wanting to pay for treatment, allows insurers to restrict coverage
- Stops people from seeking help
- Impacts clinical care and treatment decisions

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).



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SAMHSA/CAPT (2017). *Words Matter: How Language Choice Can Reduce Stigma*. Retrieved online at:
<https://stigmafreewv.org/wp-content/uploads/2018/02/SAMHSA-sud-stigma-tool.pdf>

Changing Language to Improve Care

- Avoid: “dirty,” “clean,” “abuse,” and “abuser”
- Consider changing: Medication *Assisted* Treatment
 - Medications for addiction treatment are life-saving, similar to insulin for diabetes, which is not called “insulin assisted treatment” despite importance of behavioral interventions with diabetes care
- “Medically-supervised withdrawal” is also more accurate and less stigmatizing than “detox”



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HIV and Mental Disorders

- In addition to substance use, HIV and mental health disorders also have high stigma
- Commonalities: People blame you for acquiring each of the disabilities, they are low on the totem pole of disabilities, they often go together
- Language used for each disability has the power to stigmatize a person



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Case Study

Person's statement in lunch area:

“That new patient Clara, she is an addict, and you know she is having sex with God knows how many people. I wasn't surprised when the test showed she is infected with HIV. And she has three children that she is supposed to be taking care of. At 23 years old, she's just a child herself”.

What do think? How could this be improved?



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“Ouch Words”

“Ouch” Word or phrase	Options that are more Affirming
HIV-infected	
Get clean - referring to substance use treatment	
MSM	
AIDS patient	
Drug-user	
Promiscuous	
Transgendered	
Get infected	
Injector	
Addict	
Prostitute	
Homosexual	
Transvestite	
Sex change operation	
Illegal immigrant	

Strategies

1. Avoid blaming or condemning the person as bad. Focus on the specific behavior, not the person.
2. Calmly explain to the co-worker/person what you found troubling about what was said or done, being as specific as you can.
3. Use “I” statements. “I noticed that...”, “I felt that...” rather than “you” statements.
4. When possible, point out that what was done was not in accordance with agency policy.



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Strategies *(continued)*

5. Address the situation of as one of supporting your co-workers desire to provide high quality service
6. If you observed with others, check in with them
7. Discuss with your supervisor
8. Request that your supervisor review at a future staff meeting
9. Provide the client with information on how to file a formal grievance
10. Report the event yourself



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Advice from NAMI

- Educate yourself
- See the person, not the condition
- Take action



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National Association for Mental Illness (2020). *What can I do?* Retrieved on January, 21, 2020 from:
<https://www.nami.org/Get-Involved/What-Can-I-Do>