

THIS IS WHO WE ARE.



FACES & VOICES OF RECOVERY

ADVOCATE. ACT. ADVANCE.



Stigma and Language

The Words We Use Matter

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Workshop Learning Objectives

- Understand how stigma affects individuals in recovery using medication as part of their recovery
- Discuss language and terminology for those with substance use disorders
- Debunk the commonly held beliefs and myths around medication and recovery



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.”

Stigma is Everywhere

Stigma from within

- Blame self, feel hopeless

Stigma from recovery community

- Medications vs. “abstinence”

Stigma from clinicians and medical providers

- Belief that treatment is ineffective

Stigma from outside

- 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.”

Stigma Complicates Illness

Internalized Stigma Outcomes

- Depression
- Decreased Hope
- Worsening Symptoms
- Less Likely to Seek Help
- Less Likely to Self-Advocate



HOW STIGMA IMPACTS RECOVERY

STIGMA CAN...

- REDUCE** WILLINGNESS TO SEEK PROFESSIONAL HELP
- CAUSE** RELUCTANCE TO ATTEND TREATMENT
- LIMIT** ACCESS TO HEALTHCARE, HOUSING, AND EMPLOYMENT
- DIMINISH** SELF-ESTEEM
- EXACERBATE** DEPRESSION
- AFFECT** PERSONAL RELATIONSHIPS AT A TIME THEY'RE NEEDED MOST

RELUCTANCE
LOW SELF-ESTEEM
DEPRESSION

Effects of Prejudice and Discrimination

Prejudice and discrimination exclude people with MH and SUD challenges from activities that are open to other people

This limits people's ability to:

- Get/keep employment
- Get/keep housing
- Get health care (including MH/SUD TX)
- Be accepted by family/friends
- Find/make friends or have other long-term relationships
- Take part in social activities

Prejudice and discrimination often become internalized by people with MH/SUD challenges

This leads them to:

- Believe the negative things (self/internalized stigma)
- Have lower self esteem because of guilt/shame

Prejudice and discrimination can cause people with MH/SUD challenges to keep it a secret

As a result:

- They avoid getting the help they need
- MH/SUD issues less likely to decrease or end

(Corrigan P., Watson, A., (2002) Understanding the impact of stigma on people with mental illness. World Psychiatry, 1 (1):16-20)

Why Does Care Look so Different?

- WHO study of 18 most stigmatized social problems in 14 countries:
 - Drug addiction ranked number 1
 - Alcohol addiction ranked number 4
- Stigma associated with poor mental and physical health among people who use drugs
- Stigma among top reasons people don't access treatment

What if?

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

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

- 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

Examples of Stigma of 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

Objections to Medication Assisted Recovery

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

Stigma Within the Recovery Community

- 12-Step not fully embracing MAT
- Moral failing or character defect
- Clinics can be demeaning

End the stigma through compassion and with respect

Eliminating Stigma

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Evidence-Based Interventions

Stigma Elimination Through Contact

- Peer storytelling

Stigma Elimination Through Education

- Peers educating on the science of addiction and recovery

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.

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

Language Matters

Don't Say

- ~~✦ Substance Abuse~~
- ~~✦ Former Addict~~
- ~~✦ Alcoholics & Addicts~~
- ~~✦ Clean or Dirty urine Drug Screen~~
- ~~✦ Lapse or Relapse~~
- ~~✦ Replacement Therapy/Replacing one drug for another~~

Do Say

- ✦ **Substance use or misuse**
- ✦ **Person in recovery**
- ✦ **People with alcohol or other drug problems**
- ✦ **Positive or Negative screen**
- ✦ **Return to use or recurrence**
- ✦ **Medication-assisted recovery; medications to treat addiction**

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).

Change Language to Improve Care: The Addictive

- 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" also more accurate and less stigmatizing than "detox"

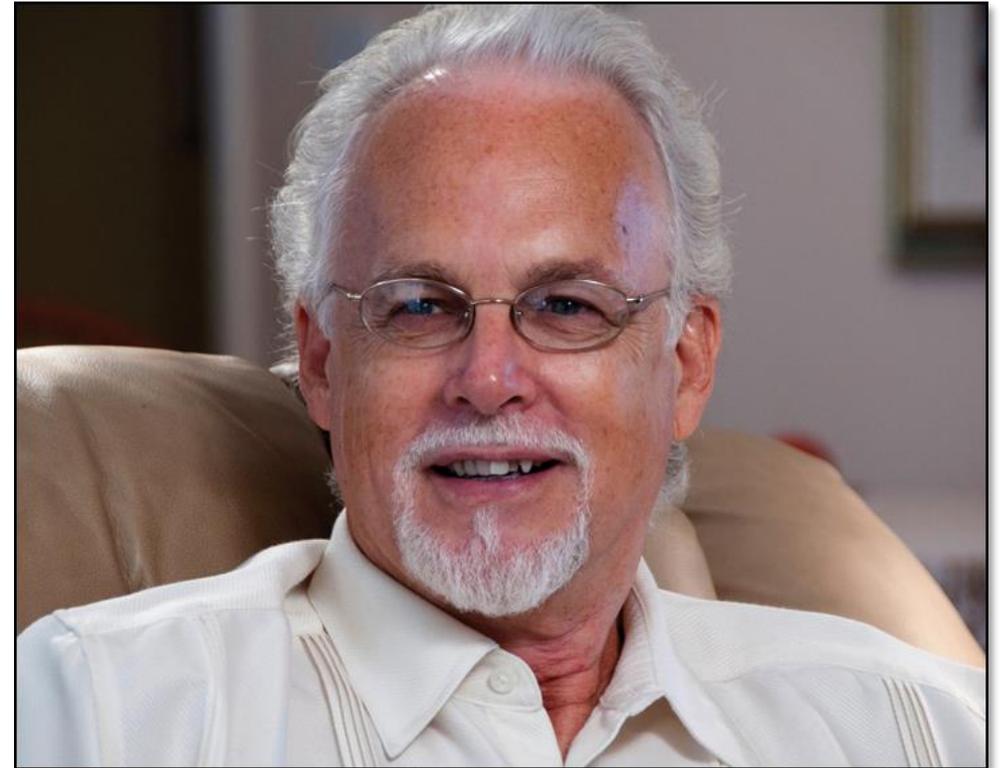
How to Change Perceptions about MAT

1. Assess yourself – attitudes, beliefs and practices
2. Stay focused on non-stigmatizing language; use language that is medically descriptive rather than moralistic. Examples??
3. Educate yourself
4. Be an educator
5. Embrace all pathways to recovery
6. Challenge institutions

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



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