

# The Stigma of Language



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# Purpose of Training

This training offers information and tips for providers to consider while using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing substance use and mental health concerns.

# STIGMA

Stigma creates discrimination and dehumanization of the individual. This is based on their social identity or participation in a perceived negative or undesirable social category. This might lead people to avoid relationships, and keep them from certain areas of employment.

stig·ma

/ˈstigmə/

*noun*

1. a mark of disgrace associated with a particular circumstance, quality, or person.

"the stigma of having gone to prison will always be with me"

*synonyms:* shame, disgrace, dishonor, ignominy, opprobrium, humiliation, (bad) reputation

"the stigma of bankruptcy"

# Four Identified Types of Stigma

- **Public**
  - Endorsement by the public of negative attitudes against a specific stigmatized group, which manifests in discrimination towards individuals belonging to that group.
- **Perceived**
  - Stigmatized individuals think that most people believe common negative stereotypes about individuals belonging to the same stigmatized category.
- **Enacted**
  - Direct experience of discrimination and rejection from members of the larger society.
- **Self**
  - Negative thoughts, feelings, and diminished self-image resulting from identification with the stigmatized group and anticipation of rejection from the larger society.

# Background of Stigma

- People with substance use disorders are viewed more negatively than people with physical or some psychiatric disabilities.
- The terminology often used can suggest that substance use disorders are the result of a personal failing/choice.
- The term “abuse” is highly associated with negative judgments and punishment.
- Even trained clinicians are likely to assign blame when someone is called a “substance abuser” rather than a “person with a substance use disorder.”
- Negative attitudes and compassion fatigue among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes.

# Addiction

Is a genetically influenced disease of the brain characterized by impairments of reward, motivation, memory, impulse control, and judgement. It is also impaired control over a reward-seeking behavior from which harm ensues. Lastly it is at its simplest definition a disease of the brain.

# Continuum



## 0. NONE

Choosing not to take a drug because of personal preferences

Ex. Having a medical condition that would put one at risk if they were to take a drug.



## 1. EXPERIMENTAL

Taking a drug out of curiosity once or a few times

Ex. Taking a drug to explore its effects and experience new feelings or moods.



## 2. SOCIAL

Occasionally taking a drug with friends or acquaintances in social settings

Ex. Taking a drug to better understand what drug suits one in certain social situations.



## 3. RECREATIONAL

Taking a drug to enhance or alter one's experience during a specific activity

Ex. Taking a drug while hiking, watching a movie, seeing a live show, or creating, etc.

### \*Abstinence



## 4. MODERATE

Taking a drug some days, but drug use does not interfere with functioning and daily life

Ex. Taking a drug to relax during downtime or to stay alert when needed for specific tasks.

## DRUG USE FUNCTIONS ON A CONTINUUM

0 1 2 3 4 5 6



@healthinjustice



## 5. CHRONIC

Taking a drug most days, but drug use does not interfere with functioning and daily life

Ex. Taking a drug in the mornings or evenings while still fulfilling tasks and responsibilities.



## 6. COMPLUSIVE-CHAOTIC

Having an urge to take a drug where one cannot at will discontinue use without experiencing significant mental or physical distress

Ex. Taking the drug is central to one's life and sometimes negatively impacts their relationships.

### \*Severe Substance Use Disorder

# Recovery

## **RECOVERY: SAMHSA DEFINITION**

A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.



# Person in Recovery

- Various terms are used colloquially to label the people with SUD, including the terms “clean” and “dirty.”
- Instead of “clean,”
  - “negative” (for a toxicology screen)
  - “not currently using substances” (for a person)
- Instead of “dirty,” the term
  - “positive” (for a toxicology screen)
  - “currently using substances” (for a person)
- The term “person in recovery” refers to an individual who is stopping or at least reducing substance use to a safer level, and reflects a process of change.



YOU CANT GET  
CLEAN BECAUSE  
YOU  
WERE  
NEVER  
DIRTY.

# What is Person First Language

People-first language emphasizes the individuality, equality, and dignity of people with disabilities and/or chronic medical conditions. Rather than defining people primarily by a diagnosis or behavior, people-first language conveys respect by emphasizing the fact that people with barriers are first and foremost just that—people.

# What Do We Do About Stigma?

- Education
- Listen to People with Lived Experience
- Shift in Language/Terminology
- Policy change

# Medication-Assisted Recovery

- Terms “replacement” and “substitution” have been used to imply that medications merely “substitute” one drug or “one addiction” for another. This is a misconception.
- “Medication-Assisted Recovery” (MAR) is used to refer to the use of any medication approved to treat substance use disorders combined with psychosocial support services.
- MAR bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can lead to sustained recovery.

# Helping Professionals

Helping professionals may often hold patients who use substances in poor regard relative to other patients. They may view those patients as “poorly motivated”, “violent”, and possibly “manipulative”. Helping Professionals may avoid these patients, shorten visits, leading to suboptimal care. Helping professionals often do not have the training necessary in regards to working with this population.

# LANGUAGE MATTERS!

## SAY THIS

- PERSON WITH A SUBSTANCE ABUSE DISORDER
- PERSON LIVING IN RECOVERY
- PERSON LIVING WITH AN ADDICTION
- PERSON ARRESTED FOR A DRUG VIOLATION
- CHOOSES NOT TO AT THIS POINT
- MEDICATION IS A TREATMENT TOOL
- HAD A SETBACK
- MAINTAINED RECOVERY
- POSITIVE DRUG SCREEN

## NOT THAT

- ADDICT, JUNKIE, DRUGGIE
- EX- ADDICT, STRAIGHT / CLEAN
- BATTLING / SUFFERING FROM AN ADDICTION
- DRUG OFFENDER, JAILBIRD
- NON-COMPLIANT, BOMBED-OUT
- MEDICATION IS A CRUTCH
- RELAPSED
- STAYED CLEAN
- DIRTY DRUG SCREEN

# Stigmatizing Language of Treatment

Using adjectives such as “noncompliant,” “unmotivated” or “resistant” can subtly reinforce paternalistic models of health care. Using phrases such as “not in agreement with treatment plan”, “opted not to”, “has not begun” and “experiencing ambivalence about change” recognize the persons agency, choice and preferences in the recovery process.

Deficits-Based	Strengths-Based
Addict	Person with a substance use disorder
Frequent Flyer	Utilizes services and supports when necessary
Hostile, Aggressive	Protective
Helpless/Hopeless	Unaware of capabilities/ opportunities
Mentally ill	Person with a mental illness
Lazy	Ambivalent, Working to build hope
Manipulative	Resourceful
Unfit parent	Person experiencing barriers to successful parenting
Resistant	Chooses not to, Isn't ready for, Not open to
Suffering with	Working to recover from; experiencing; living with
Abuses the system	Good self-advocate
Weaknesses	Barriers to change or needs

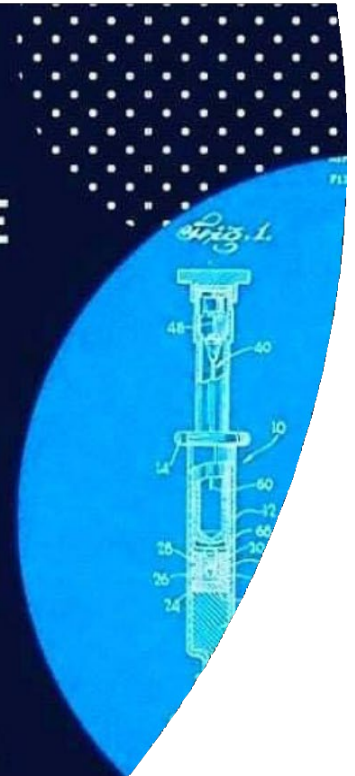
# Policy

We see the National Policy shifting from “drug problem” and “war on drugs” which is often associated with punishment to a broader public health approach of prevention and treatment.

**THERE IS NO WAR ON  
DRUGS, BECAUSE YOU  
CANT WAR ON INANIMATE  
OBJECTS.**

**THERES ONLY A WAR ON  
DRUG ADDICTS, WHICH  
MEANS WE ARE  
WARRING ON THE MOST  
ABUSED AND  
VULNERABLE SEGMENTS  
OF SOCIETY.**

**-Doctor Gabor Mate'**



# *The War On Drugs Is A War On People*

**EVERY  
OVERDOSE DEATH  
IS A  
POLICY FAILURE**

"Science should be driving drug policy  
and drug education, even if it makes  
you and me uncomfortable."

- Dr. Carl**Hart**



**“**  
WE MUST GET  
MORE PASSIONATE  
ABOUT HEALING THAN  
WE ARE ABOUT  
PUNISHING  
**”**

**We are  
the Drug  
Policy  
Alliance.**

# It Takes Us All

Attention to language is a critical step toward the reduction of stigma, but it is only one step. Reducing stigma involves not only changes in language, but also a significant transformation in people's perceptions and attitudes, and in society's discriminatory policies. These developments are essential to creating a society that fully supports prevention, treatment, and recovery.

Concerted, consistent effort is  
needed to make change  
happen.

Remember, what you permit  
you promote.

# Questions?

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