Having Difficult Conversations: Addressing Stigma

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Presentation Overview

- Discuss language and stigma relative to substance use disorders
- Discuss principles of drug addiction and effective treatment
- Discuss evidence-based strategies for mitigating stigma and bias

Disclaimer

- The opinions and conclusions expressed today are those of the author and do not necessarily represent the views of the Department of Health and Human Services, US Public Health Service, the Indian Health Service or the Ho-Chunk Nation.

- No financial disclosures to report.

Words Matter!!

- Stigma:
  - Discrimination against an identifiable group of people, a place, or a nation.
    - Examples
      - Dangerous
      - Incapable of managing treatment
      - At fault for their condition
      - Irresponsible
      - Immoral
      - Criminals
      - Inconsiderate

https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

Words Matter!!

- Stigma:
  - Origin: old an inaccurate ideas or fear of things that are different and misunderstood.
    - What we DO know: SUD is a chronic complex bio-psycho-social TREATABLE medical condition and people DO recover.
  - Negative Impacts:
    - Cause individuals with SUD to be less willing to seek treatment
    - Negative stereotypes about individuals with SUD can make others feel pity, fear, anger, etc.

https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

Words Matter!!

- Stigma- What can/must WE do?
  - Develop and utilize words that are not stigmatizing
  - Use first-person language which focuses on the person, not their illness
    - "Person with substance use disorder"
      - Neutral tone and separates the person from the disease
  - Let people choose how they are described
    - If unsure, ASK

https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

Person with SUD Terms

Use...	Instead of...	Because…
•**Person with a substance use disorder**[10] • Person with an opioid use disorder (OUD) or person with opioid addiction • Person with alcohol use disorder •**Person who misuses alcohol/engages in unhealthy/hazardous alcohol use** •**Person in recovery or long-term recovery/person who previously used drugs**	•Addict •User •Substance or drug abuser •Junkie •Alcoholic •Drunk •Former addict •Reformed addict	•Using person-first language shows that SUD is an illness. •Using these words shows that a person with a SUD "has" a problem/illness, rather than "is" the problem.[6] •The terms avoid elicit negative associations, punitive attitudes, and individual blame.[6]
•**Testing positive (on a drug screen)**	•Dirty •Failing a drug test	•Use medically accurate terminology the same way it would be used for other medical conditions.[8] •These terms may decrease a person's sense of hope and self-efficacy for change.[6]

https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

Using Substances

Use...	Instead of...	Because…
•**Substance use disorder** •**Drug addiction**	•Habit	•"Habit" implies that a person is *choosing* to use substances or can *choose* to stop. This implication is inaccurate.[5] •Describing SUD as a habit makes the illness seem less serious than it is.
•**Use** (for illicit drugs) •**Misuse** (for prescription medications used other than prescribed)	•Abuse	•The term "abuse" was found to have a high association with negative judgments and punishment.[7] •Use outside of the parameters of how medications were prescribed is misuse.

https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction

Recovery and Treatment

Use...	Instead of...	Because…
•**Medication treatment for OUD** •**Medications for OUD**	•Opioid substitution •Replacement therapy	•It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[5]
•**Being in remission or recovery** •**Abstinent from drugs** •**Not drinking or taking drugs** •**Testing negative** (on a drug screen)	•Clean	•Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.[8]

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Babies Born to Parents with SUD

Use...	Instead of...	Because…
•**Baby born to a parent who used drugs while pregnant** •**Baby with signs of withdrawal from prenatal drug exposure** •**Newborn exposed to substances** •**Baby with neonatal abstinence syndrome**	•Addicted baby	•Babies cannot be born with addiction because addiction is a behavioral disorder. •Using person-first language can reduce stigma. •Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.[8]

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Display for Everyone

NIDAMED

Words Matter
Terms to Use and Avoid When Talking About Addiction

Stigma and Addiction

What is stigma?

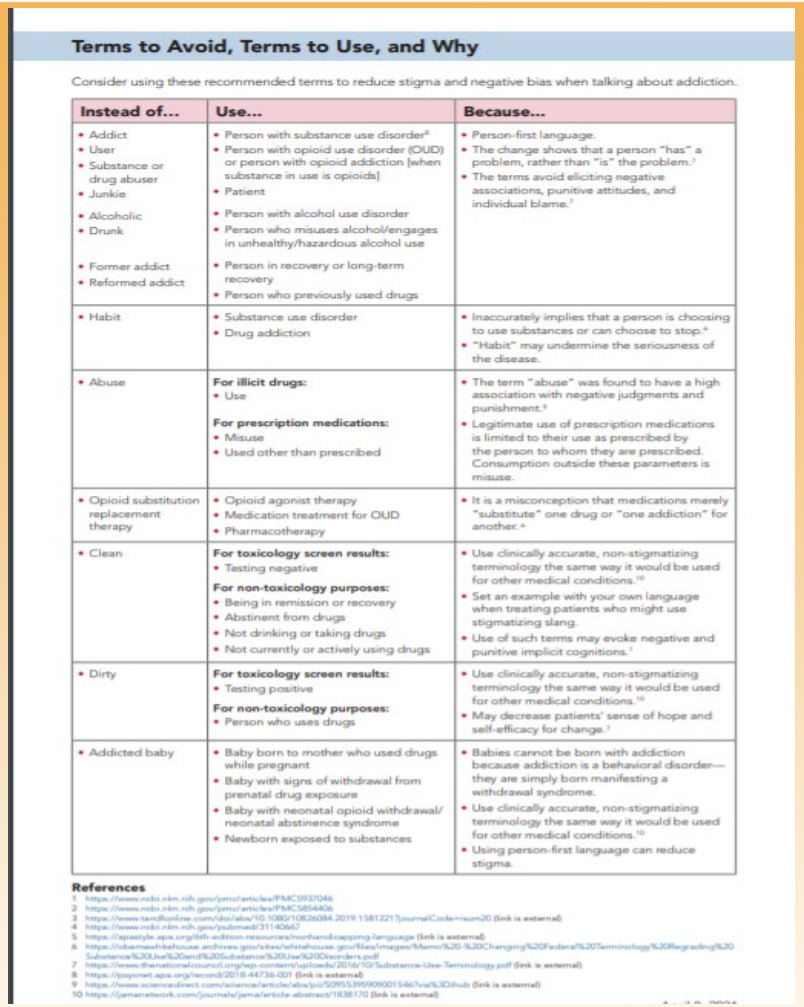
Where does stigma come from?

How does stigma affect people with SUD?

How can we change stigmatizing behavior?

What else should I keep in mind?

Visit NIDAMED for resources at drugabuse.gov/nidamed



Terms to Avoid, Terms to Use, and Why

Consider using these recommended terms to reduce stigma and negative bias when talking about addiction.

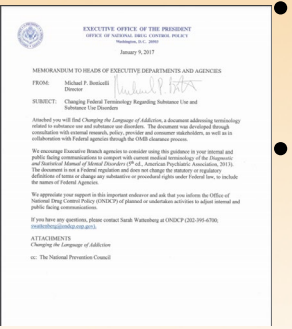
Instead of...	Use...	Because...
• Addict • User • Substance or drug abuser • Junkie	• Person with substance use disorder[8] • Person with opioid use disorder (OUD) or person with opioid addiction [when substance in use is opioids] • Patient	• Person-first language. • The change shows that a person "has" a problem, rather than "is" the problem.[7] • The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
• Alcoholic • Drunk	• Person with alcohol use disorder • Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
• Former addict • Reformed addict	• Person in recovery or long-term recovery • Person who previously used drugs	
• Habit	• Substance use disorder • Drug addiction	• Inaccurately implies that a person is choosing to use substances or can choose to stop.[6] • "Habit" may undermine the seriousness of the disease.
• Abuse	**For illicit drugs:** • Use **For prescription medications:** • Misuse • Used other than prescribed	• The term "abuse" was found to have a high association with negative judgments and punishment.[9] • Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.
• Opioid substitution replacement therapy	• Opioid agonist therapy • Medication treatment for OUD • Pharmacotherapy	• It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[4]
• Clean	**For toxicology screen results:** • Testing negative **For non-toxicology purposes:** • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • Set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.[7]
• Dirty	**For toxicology screen results:** • Testing positive **For non-toxicology purposes:** • Person who uses drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] • May decrease patients' sense of hope and self-efficacy for change.[7]
• Addicted baby	• Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome • Newborn exposed to substances	• 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.[10] • Using person-first language can reduce stigma.

References

https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction

ONDCP Executive Order

- *Changing Federal Terminology Regarding Substance Use and Substance Use Disorders Memo* from Office of the White House/Office of National Drug Control Policy Director Michael Botticelli January 2017[1]
  - *"Changing the Language of Addiction Memo"*- mandate to use non-stigmatizing language for substance use; using Substance Use Disorder (SUD) in place of 'addiction'.
  - Research has shown:
    - People with SUD are viewed more negatively than people with physical or psychiatric disabilities
    - Even highly trained substance use disorder and mental health clinicians significantly more likely to assign blame and believe individuals should be subjected to punitive rather than therapeutic measures when case vignette was referred to "substance abuser" rather than "person with a substance use disorder".



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

January 9, 2017

MEMORANDUM TO HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

FROM: Michael P. Botticelli
Director

SUBJECT: Changing Federal Terminology Regarding Substance Use and Substance Use Disorders

Attached you will find *Changing the Language of Addiction*, a document addressing terminology related to substance use and substance use disorders. The document was developed through consultation with external research, policy, provider and consumer stakeholders, as well as in collaboration with Federal agencies through the OMB clearance process.

We encourage Executive Branch agencies to consider using this guidance in your internal and public facing communications to comport with current medical terminology of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., American Psychiatric Association, 2013). The document is not a Federal regulation and does not change the statutory or regulatory definitions of terms or change any substantive or procedural rights under Federal law, to include the names of Federal Agencies.

We appreciate your support in this important endeavor and ask that you inform the Office of National Drug Control Policy (ONDCP) of planned or undertaken activities to adjust internal and public facing communications.

If you have any questions, please contact Sarah Wattenberg at ONDCP (202-395-6700; swattenberg@ondcp.eop.gov).

ATTACHMENTS
Changing the Language of Addiction

cc: The National Prevention Council

https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf

NIDA: Principles of Drug Treatment Guide (3rd Ed.)

- **Addiction is a complex but treatable disease that affects brain function and behavior.**
- **No single treatment is appropriate for everyone**
- **Treatment needs to be readily available.**
- **Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.**
- **Remaining in treatment for an adequate period of time is critical.**
- **Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment.**
- **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**

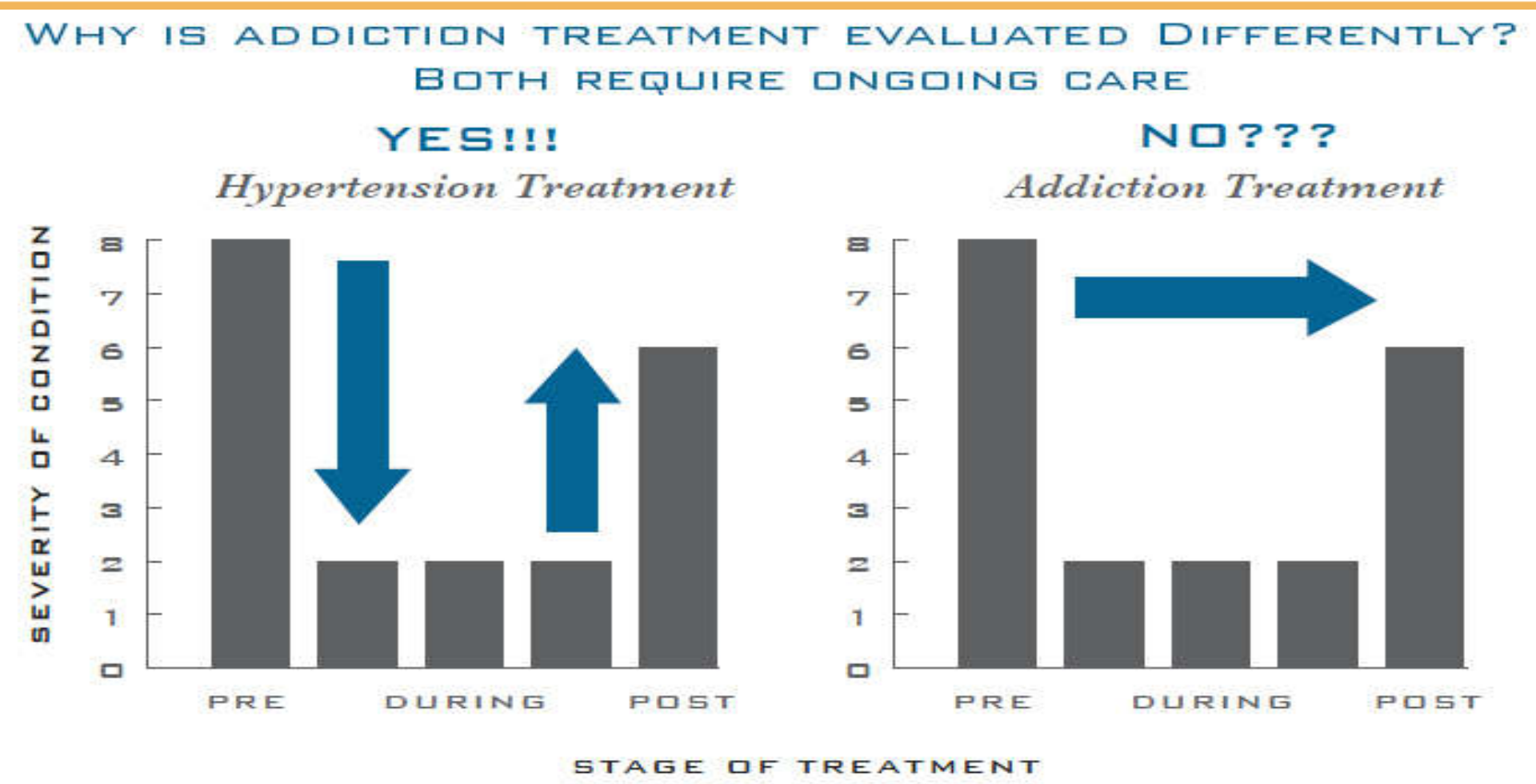
https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment

NIDA: Principles of Drug Treatment Guide (3rd Ed.)

- **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.**
- **Many *drug-addicted* individuals also have other mental disorders.**
- **Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.**
- **Treatment does not need to be voluntary to be effective.**
- **Drug use during treatment must be monitored continuously, as lapses during treatment do occur.**
- **Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary.**

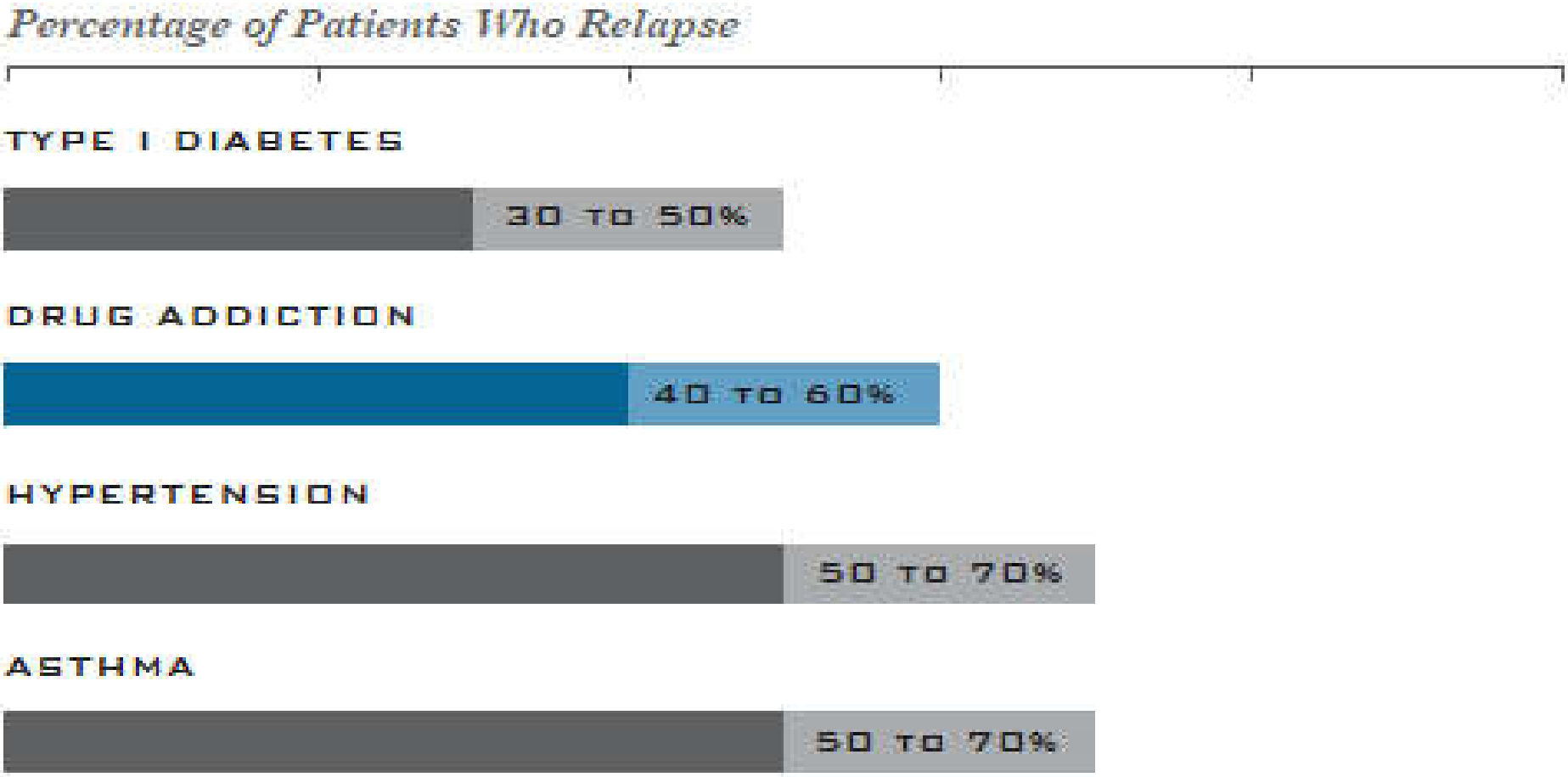
https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment

NIDA: Principles of Drug Treatment Guide (3rd Ed.)



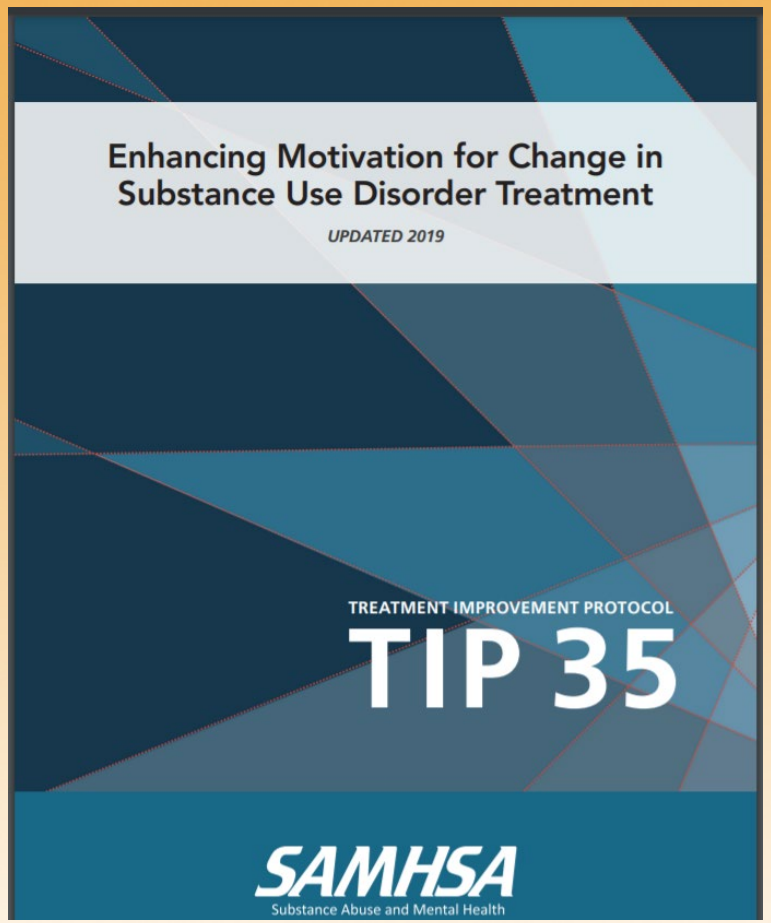
https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment

NIDA: Principles of Drug Treatment Guide (3rd Ed.)



https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment

Evidence-Based Strategy



- MI helps develop a therapeutic alliance
- MI is a form of non-pharmacological treatment
- Helps the individual overcome ambivalence or resistance
- Client-centered

https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf

"Ted Talk"

- Clinical Pearls and General Concepts
  - Be authentic and sincere- language (words chosen), tone, body position, eye contact, active listening, genuine empathy and compassion
    - Speak like you are talking to your grandmother or a young child
    - Individuals with SUD tend to be hypersensitive to sincerity
  - "Meet them where they are at" attitude
    - Listen to their goals, hopes, and aspirations vs. imposing your treatment goals or judgments
  - Absolute non-judgmental mindset
    - Create a trusting and respectful space
      - Individuals with SUD often carry immense shame, guilt, self-loathing and EXPECT to get treated poorly and less than a person
  - Listen to their stories before jumping into treatment planning and case coordination
  - Trauma informed ALWAYS
    - "What happened TO you" vs. "What is wrong with you"

Contact Information

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