

DO OUR WORDS MATTER: THE CONNECTION BETWEEN LANGUAGE, STIGMA AND SUBSTANCE USE DISORDERS (SUD)

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LEARNING OBJECTIVES

Upon completion of this session participants will be able to:

- Differentiate between the Acute Care Model of Treatment and the Chronic Care Model.
- Articulate at least two phrases commonly used by addiction professionals that contribute to the stigma of SUD.
- Increase their understanding of ways the current treatment for SUD could be changed to reflect the Chronic Care Model.

A REQUEST.....

Be open-minded and willing to challenge yourselves and your current beliefs. This is not about “Political Correctness” but about better serving the individuals and families with whom we work.

WORDS

Words are important.

If you want to care
for something, you
call it a flower;

if you want to kill
something, you call it
a weed.

Don Coyhis



William White
Author

“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.”



JOHNS HOPKINS

BLOOMBERG SCHOOL
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PROSPECTIVE
STUDENTS

CURRENT
STUDENTS

FACULTY
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Protecting Health

News

October 1, 2014

Study: Public Feels More Negative Toward People With Drug Addiction Than Those With Mental Illness

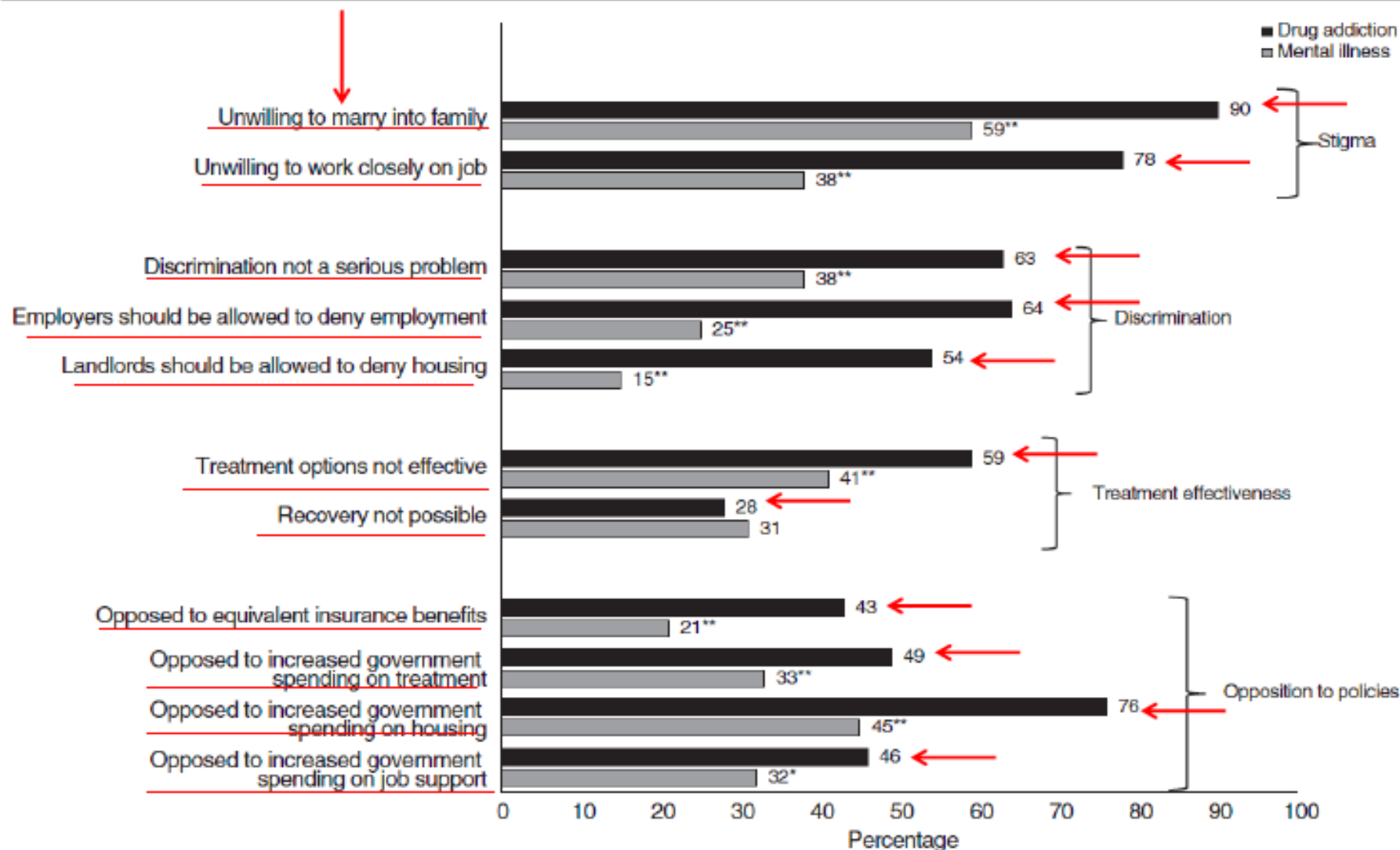
WHILE BOTH ARE TREATABLE HEALTH CONDITIONS, STIGMA OF DRUG ADDICTION MUCH MORE PRONOUNCED, SEEN AS 'MORAL FAILING'

“Drug addiction is often treated as a subcategory of mental illness, and insurance plans group them together under the rubric of ‘behavioral health.’ Given starkly different public views about drug addiction and mental illness, advocates may need to adopt differing approaches to reducing stigma and advancing public policy.”

Barry CL et al. 2014. *Psychiatric Services* 65:1269–1272.

Figure 1

Public attitudes about persons with drug addiction (N=347) and mental illness (N=362), 2013^a



^a Responses on 7-point Likert scales were collapsed to dichotomous measures. Pearson chi square tests assessed whether attitudes differed by the drug addiction or mental illness version of each survey item.

*p<.01, **p<.001

KEY FINDINGS FROM BARRY ET AL. 2014 PSYCHIATRIC SERVICES 65: 1269-1272

- Large proportion of respondents were unwilling to have a person with drug addiction marry into their family (90%), or to work closely with them on a job (78%).
- 63% thought discrimination was not a serious problem, and 64% of respondents said companies should be able to deny employment to people with a drug addiction .
- 54% felt landlords should be able to deny housing; 59% felt treatment options were not effective; and 28% felt recovery was not possible.
- 43% said people with a drug addiction should be denied health insurance benefits; and 49% were opposed to increased government spending on treatment.
- 76% opposed increased government spending on housing; and 46% opposed increased government spending on job support.

LANGUAGE AND THE PUBLIC

Public knowledge and attitudes about addiction are largely inconsistent with scientific evidence. The gap between the facts and public and professional perceptions is due in part to the language used to describe the disease and those who have it...

Unless we clarify the language, those with the disease will continue to experience the stigma associated with it and attempts to deliver comprehensive and effective evidence-based prevention, treatment, and disease management will be profoundly compromised.

Language & Society: Perception vs. Reality

- Language frames what the public thinks about substance use and recovery, and it can also affect how individuals think about themselves and their own ability to change.
 - Inappropriate use of language can negatively impact the way society perceives substance use and the people who are affected by it.
- Language intentionally and unintentionally propagates stigma: the mark of dishonor, disgrace, and difference that depersonalizes people, depriving them of individual or personal qualities and personal identity.
 - Stigma is harmful, distressing, and marginalizing to the individuals, groups, and populations who bear it.



Why cocaine addicts keep making bad decisions

Email Facebook 2K Twitter 333 g+1 52

BY GEOFFREY MOHAN

February 4, 2015, 7:25 p.m.

Chronic cocaine use alters brain circuits that help prevent mistakes, a new study suggests.

The study, published online Tuesday in the *Journal of Neuroscience*, could offer a biological marker for the cycle of destructive decisions that many addicts exhibit.

Researchers measured EEG signals from a region of the midbrain that has been associated with how the brain manages

What words/messages do you think will stay with the reader?

ARNULFO FRANCO / ASSOCIATED PRESS

Chronic cocaine use skews the brain's reward-related error management, according to a new study. Here, an anti-narcotics agent in Panama hacks open a package of confiscated cocaine.

CURRENT PHILOSOPHICAL CONSTRUCTS

- ✘ Addiction is a Chronic Medical Conditions
- ✘ Recovery-Oriented System of Care

WHAT IS ADDICTION?

Is it willful misconduct

or

Is it a chronic medical
condition?

ADDICTION AS A CHRONIC ILLNESS

- ✘ Should addiction be considered a chronic illness, similar to hypertension, diabetes, or asthma?
- + McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance and Outcomes Evaluation. *Journal of the American Medical Association*, (284)13, 1689 – 1695.

ADDICTION AS A CHRONIC ILLNESS

✘ Clinical populations:

- + Higher personal vulnerability (e.g., family history, lower age of onset, victimization)
- + Higher problem severity (acuity & chronicity)
- + Higher rates of co-morbidity
- + Greater personal and environmental obstacles to recovery
- + Lower recovery capital (personal assets / family and social supports)

ADDICTION AND RECOVERY CAREERS

- ✘ Dennis et al. (2005) conducted a large study with 1,271 participants recruited from different agencies in west side of Chicago between 1996 and 1998

ADDICTION AND TREATMENT CAREERS

- ✘ The purpose of this study was to estimate the duration and correlates of years between:
 - + First use and at least a year of recovery
 - + First treatment admission and at least one year of recovery

ADDICTION AND TREATMENT CAREERS

▶ Achieving one year of recovery

+ Years from first use to last use

× The median time was 27 years

+ Years from first treatment attempt to last use

× The median time was 9 years (range 4 – 18)

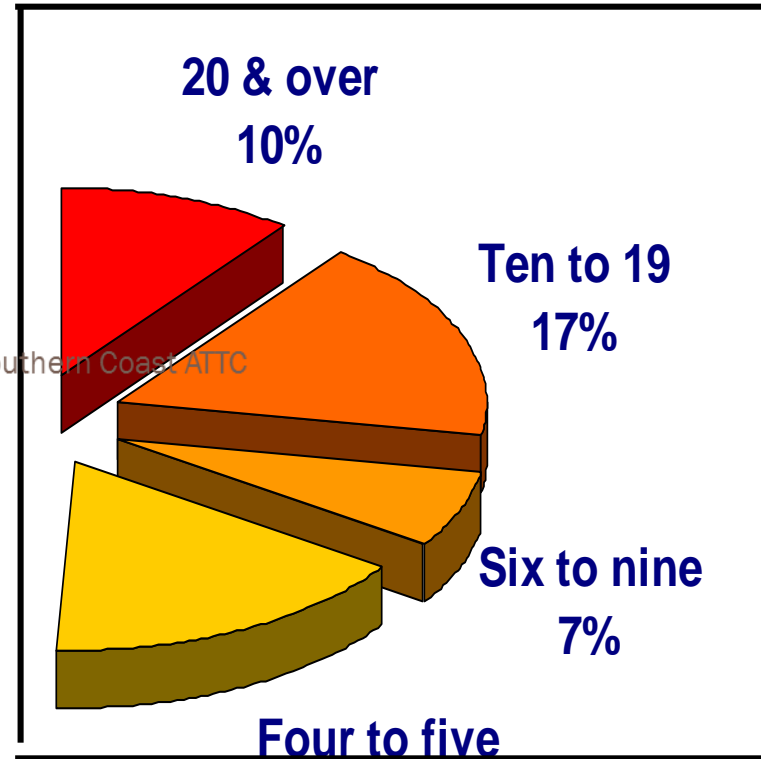
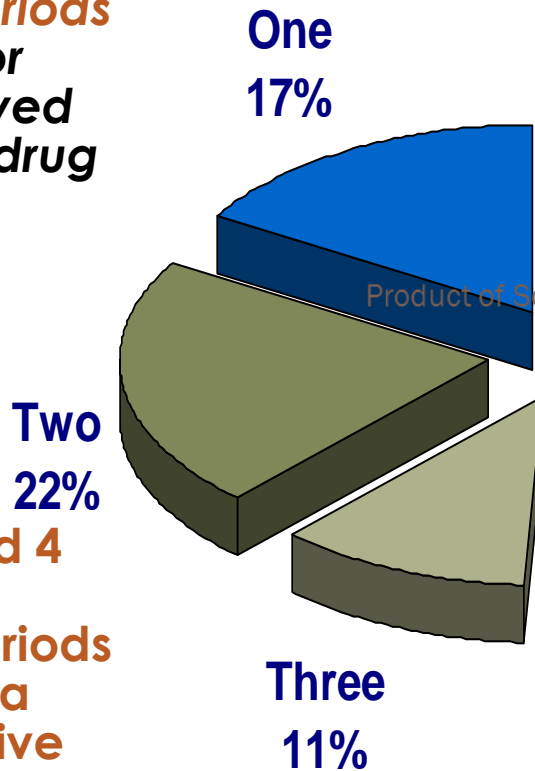
+ Number of treatment episodes

× The median number of treatment episodes was 3 - 4

ADDICTION "CAREER"

Number of abstinent periods one month or longer followed by return to drug use prior to current abstinence*

50% reported 4 or more abstinent periods followed by a return to active addiction



*Outside of controlled environment, among those who report one or more such periods: 71% N=248 Laudet & White 2004

IMPLICATIONS

- ✘ Most persons who develop a substance use disorder have substance related problems for years

THE ACUTE CARE MODEL

- ✘ Encapsulated set of service activities (assess, admit, treat, discharge, termination of service relationship).
- ✘ Professional expert drives the process.
- ✘ Services transpire over a short (and ever-shorter) period of time.
- ✘ Individual/family/community is given impression at discharge (“graduation”) that recovery is now self-sustainable without ongoing professional assistance.

THE CHRONIC CARE MODEL

- ✘ Initial triage and stabilization, support services are varied and open ended most concentrated early on.
- ✘ Professionals serve as consultants. Goal is for course of treatment to be patient driven to achieve highest level of adherence.
- ✘ Services are open ended, routine follow-up the norm.
- ✘ Individual/family/community educated on the “process” nature of “treatment”. Goal is to facilitate improved quality of life and wellness for the patient in whatever way works best for the patient.

ADDICTION TREATMENT LOOKS

LIKE.....

- ✘ Does addiction treatment matched the acute care or chronic care model?
- ✘ What does that mean?



RECOVERY

“Recovery is a process of change whereby individuals improve their health and wellness, to live a self-directed life, and strive to reach their full potential.”

SAMHSA/CSAT 2011

TEN COMPONENTS OF RECOVERY

- ✘ Self-direction
- ✘ Individualized and person-centered
- ✘ Empowerment
- ✘ Holistic
- ✘ Non-linear
- ✘ Strength-based
- ✘ Peer supported
- ✘ Respect
- ✘ Responsibility
- ✘ Emerges from Hope

Language of Recovery

Current Terminology

Treatment is the goal;
Treatment is the only way into Recovery

Untreated Addict/Alcoholic

Substance Abuse

Drug of Choice / Abuse

Denial

Relapse Prevention

Pathology Based Assessment

Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies

A Drug is a Drug is a Drug

Relapse

Relapse is part of Recovery

Clean / Sober

Self Help Group

Drug Overdose

Graduate from Treatment

Alternative Terminology

Treatment is an opportunity for initiation into recovery
(one of multiple pathways into recovery)

Individual not yet in Recovery

Substance Use Disorder/Addiction/
Substance Misuse

Drug of Use

Ambivalence

Recovery Management

Strength / Asset Based Assessment

Focus on the drug CLIENT feels is creating the
problems

Each illicit substance has unique interactions with the
brain; medication if available is appropriate.

Recurrence/Return to Use

Recurrence/Return to Use may occur as part of the
disease

Drug Free / Free from illicit and non-prescribed
medications

Mutual Aid Group

Drug Poisoning

Commence Recovery

RECOVERY INITIATION

- ✘ Treatment – assisted recovery
 - ◆ Approximately 1.5 million admitted each year
 - ◆ Less than 10% of people with Substance Use Disorders seek professional help
 - ◆ Multiple treatment episodes
 - ◆ “Untreated Alcoholic/Addict”

RECOVERY INITIATION

- ◆ Solo Recovery ,natural recovery, maturing out
 - ✗ The use of one' s own intrapersonal and interpersonal resources to resolve AOD problems
- ◆ Medication assisted recovery
- ◆ Moderation – based recovery
 - The sustained deceleration of AOD use

RECOVERY INITIATION

- ✘ Peer – assisted recovery
 - + Mutual aid groups – AA, NA, CA, MA, etc.
- ✘ Faith – based recovery
 - + Celebrate Recovery, Teen Challenge, Reformer' s Unanimous, Local Recovery Ministries
- ✘ Internet – assisted recovery
 - + In The Rooms, On – line counseling, Life Recovery Program, EGetGoing, Enterhealth, MyRecoveryNetwork, Sober24, Sobergrid
- ✘ Secular recovery
 - + Rational Recovery, Save Our Selves, SMART Recovery

SUBSTANCE ABUSE

✘ Substance Abuse

- + The concept of “abuse”
- + Behavioral / Judgmental / Stigmatizing term (as in “Domestic or Child Abuse”)

In one study of clinicians, those exposed to the term “*substance abuser*” were more likely to judge the person as deserving of blame and punishment than when the phrase “*having a substance use disorder*” was used.

THE AMERICAN
JOURNAL *of*
MEDICINE®

Stop Talking ‘Dirty’: Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States



Volume 128, Issue 1, Pages 8–9. January 2015.

A patient with diabetes has “an elevated glucose” level. A patient with cardiovascular disease has “a positive exercise tolerance test” result. A clinician *within* the health care setting addresses the results. An “addict” is not “clean”—he has been “abusing” drugs and has a “dirty” urine sample.

despite harmful consequences. Yet, despite evidence of a strong causal role for genetics and impairment in inhibitory control, stigma is alive and well. Research is now revealing that one contributory factor to the perpetuation of stigma may be the type of language we use.

DOES OUR CHOICE OF SUBSTANCE-RELATED TERMS INFLUENCE PERCEPTIONS OF TREATMENT NEED? AN EMPIRICAL INVESTIGATION WITH TWO COMMONLY USED TERMS

JOHN F. KELLY, SARAH J. DOW, CARA WESTERHOFF

Substance-related terminology is often a contentious topic because certain terms may convey meanings that have stigmatizing consequences and present a barrier to treatment. Chief among these are the labels, “abuse” and “abuser.” While intense rhetoric has persisted on this topic, little empirical information exists to inform this debate. We tested whether referring to an individual as “a substance abuser (SA)” versus “having a substance use disorder” (SUD) evokes different judgments about treatment need, punishment, social threat, problem etiology, and

KELLY & WESTERHOFF (2010) STUDY

- ✘ Case studies with “substance abuser” and “person with substance use disorder.”
- ✘ Those receiving the “abuser” paragraph were significantly more likely:
 - + To agree that Mr. Williams should be punished and
 - + To blame Mr. Williams for his condition and failure to comply with the treatment protocol

SUBSTANCE ABUSE

- ✘ DSM V

 - + Substance Use Disorder

- ✘ Misuse

- ✘ Addiction vs. Dependence

DRUG OF CHOICE / ABUSE

- ✘ “Choice” is a behavioral not a medical term
- ✘ “Drug of Abuse”
- ✘ Drug of Use

DENIAL VS. AMBIVALENCE

“Intrinsic motivation for change arises in an accepting, empowering atmosphere that make it safe for the person to explore the possibly painful present in relation to what is wanted and valued. People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it.”
(Miller and Rollnick, 2002)

THE LANGUAGE THAT WE USE

- ✘ They're not ready
- ✘ They don't want it bad enough
- ✘ They haven't hurt/lost enough
- ✘ They're too resistant
- ✘ They are in denial

“THOSE PEOPLE”

- × Alcoholic
- × Addict
- × Drunk
- × Old Wino
- × Crack Head
- × Junkie
- × Needle Freak
- × Benzo Queen
- × Garbage Head
- × Burn Out
- × Pot Head
- × Borderline
- × Nut Job
- × Crazy
- × And then there is
“Chronic Relapser”
or
“Chronic Recidivist”

Recovery Management (RM) is a philosophical framework for organizing addiction treatment and recovery support services across the stages of:



pre-recovery identification and engagement



**recovery initiation and stabilization
(treatment), and**



long-term recovery maintenance



**With the ultimate goal of quality of life
enhancement for individuals and families**



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PATHOLOGY VS. STRENGTH BASED

✘ Pathology Based

- + Focuses on the problem, not the solution
- + Labels and stigmatizes

✘ Strength Based

- + Builds on individual and family strengths and resilience
- + Empowers

Problem with payer sources

TOTAL ABSTINENCE

- ✘ Current focus is on “total abstinence” from substances/behaviors CLINICIAN feels are problematic, regardless of what the client feels is problematic
- ✘ Viewing Substance Use Disorders as a chronic condition and behavior change in the context of a process.

A DRUG IS A DRUG IS A DRUG...

- ✘ Different cultures surrounding different drugs
- ✘ Stigmatizes individuals in Medication Assisted Recovery and individuals with Co-Occurring Disorders taking prescription medications.

Health Care Providers: Myths and Misperceptions

Some clinicians have acted as though patients taking methadone or buprenorphine are still using illicit drugs, missing the critical distinction between addiction and the treatment of addiction.

- *The understanding of opioid use disorder as a medical illness is still overshadowed by its misconception as a moral weakness or a willful choice.*

– Drs. Olson & Sharfstein, JAMA 2014

Medication Assisted Treatment (MAT)

→ MAT *is not* a stand-alone treatment option:

- Part of a comprehensive, multiplex EB treatment plan that can include behavioral, cognitive, & other recovery-oriented interventions
- MAT becomes part of the comprehensive Tx plan *when it is determined to be medically necessary and appropriate*
- Medication *assisted* treatment is used to control the symptoms of a number of chronic diseases (e.g., cardiovascular diseases and diabetes)

RELAPSE

- ✘ In no other chronic medical condition is a return to being symptomatic described a “relapsing”.
- ✘ Stigmatizing term
- ✘ Carries much emotional baggage
- ✘ A more medically accurate term would be “a recurrence” or “a return to use”. A less stigmatizing term would be a “setback”.

“RELAPSE IS PART OF RECOVERY”

- ◆ The resumption of drug use by someone with a history of addiction is part of the disease, but not part of the process of getting well
- ◆ Fails to acknowledge the potential for permanent recovery with no continued episodes of drug use
- ◆ Minimizes the pain and potential loss of life involved in the resumption of usage

“RELAPSE IS PART OF RECOVERY”

- ◆ Offers the person seeking recovery an invitation and excuse for continued use
- ◆ Is a thin line away from the “once and addict, always an addict” mantra that has fueled decades of addiction-related social stigma
- ◆ Lessens programmatic accountability

Relapse is not part of recovery. White (2010)

CLEAN AND SOBER

- ✘ Have you heard these terms used with someone who is diagnosed with cancer, diabetes, hypertension?
- ✘ Laden with moral implications
- ✘ Stigma – dirty is usually followed by an epithet that is racial, sexist, or religious in nature
- ✘ Alternative – Drug Free or Free from illicit or non-prescribed medications
- ✘ Mutual Aid Group usage

SELF-HELP GROUPS

- ✘ AA/NA/MA/CA et al.
 - Normally the people who embrace these groups do so because they have figured out that all attempts at self-help have failed
 - Such designation promotes “pulling oneself up by the bootstraps”
 - Alternative – mutual help or mutual aid groups

OVERDOSE VS. DRUG POISONING

- ✘ “Overdose” implies an intentional choice
 - + “choice” has already been discussed
 - + In the overwhelming majority of instances where an individual ingests an amount of a drug that proves to be fatal, it was accidental not intentional.
 - + Judgmental term
- ✘ “Drug Poisoning”
 - + A more medically accurate term to describe the toxic effect of ingesting more of a medication than is therapeutically appropriate

Portrayal of persons with successfully treated mental illness and drug addiction is a promising strategy for reducing stigma and discrimination toward persons with these conditions and improving public perceptions of treatment effectiveness.

Social Science & Medicine 126 (2015) 73–85

Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



ELSEVIER



Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination



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PERSON FIRST LANGUAGE

- Highlights the fact that an individual's condition, illness, or behavior is *"only one aspect of who the person is, not the defining characteristic."*
- Uses the word referring to the individual before words describing his/her behaviors or conditions.
 - Refers to an individual first; e.g., *"person with a cocaine use disorder"*; *"individual engaged in risky use of substances"*
 - Reinforces the individual's identity as a person first and foremost
- Omits terms like *"alcoholics"* & *"users"*, which group, characterize, and label people by their illness; linguistically presume homogeneity in experience, character, and motivation; and depersonalizes the individual.

The Most Respectful Way of Referring to People is as People

Current	Alternative	Reasoning
Clients / Patients / Consumers	The people in our program The folks we work with The people we serve	More inclusive, less stigmatizing
Alex is an addict	Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction	Put the person first Avoid defining the person by their disease

The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.

Mathew is manipulative	Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	Kyle is choosing not to... Kyle would rather... Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization
Mary is resistant to treatment	Mary chooses not to... Mary prefers not to... Mary is unsure about...	Avoid defining the person by the behavior. Remove the blame from the statement
Jennifer is in denial	Jennifer is ambivalent about..... Jennifer hasn't internalized the seriousness of.... Jennifer doesn't understand.....	Remove the blame and the stigma from the statement



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If you have some respect for people as they are, you can be more effective in helping them to become who they want to be

John W. Gardner

TO SUM IT ALL UP

- ✘ By us changing our language we can start the process of the general public changing their language and perception
- ✘ We need to bring unequivocal messages of hope that the problems of substance use disorders can be resolved
- ✘ The focus needs to be on the solutions that recovery brings
 - + The reality of recovery
 - + The diversity of patterns of recovery
 - + The variety of methods used to achieve recovery