Strategies to Address the Opioid Overdose Epidemic Webinar Series

Overcoming Stigma through Language

April 29, 2024
Welcome and Introduction

Nidhi Sachdeva, NCACC
Agenda

• Presentation
• Open-Discussion/Questions
• Updates
Remediation Strategies

In line with the National Settlement Agreement, funds “may support programs or services...that serve persons with Opioid Use Disorder (OUD) or any cooccurring Substance Use Disorder (SUD) or mental health condition.”
<table>
<thead>
<tr>
<th></th>
<th>Collaborative strategic planning</th>
<th>Evidence-based addiction treatment</th>
<th>Recovery support</th>
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<tr>
<td>7</td>
<td>Naloxone distribution</td>
<td>8. Post-overdose response</td>
<td>9. Syringe service programs (SSPs)</td>
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<td>10</td>
<td>Legal system diversion</td>
<td>11. Addiction treatment for incarcerated persons</td>
<td>12. Reentry programs</td>
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Overcoming Stigma through Language

Michelle Mathis
Executive Director, Olive Branch Ministry

Christopher Campau BSW, MPH
Division of Public Health, Injury and Violence Prevention Branch
Stigma and Addiction

Stigma refers to discrimination against a specific group of people, a location, or even an entire nation. When it comes to individuals with Substance Use Disorder (SUD), stigma often manifests as unjust beliefs such as viewing them as dangerous, incapable of managing treatment, or entirely responsible for their condition, which are often inaccurate or unfounded.

For those grappling with SUD, stigma often traces back to outdated and erroneous notions suggesting that addiction is solely a moral failing, rather than what we understand it to be today—a chronic, manageable illness that individuals can recover from and maintain healthy lifestyles.

Stigma has several detrimental effects on individuals dealing with SUD:

- It discourages them from seeking treatment by instilling a sense of shame and fear.
- Common stigmatizing attitudes towards people with SUD, characterized by pity, fear, anger, and a desire for social distance, can further isolate them.
- The use of stigmatizing language can skew healthcare providers' perceptions of individuals with SUD, potentially affecting the quality of care they receive.
Stigma is a Barrier to Care

STIGMA FROM INDIVIDUALS

SELF-STIGMA (INTERNALIZED)

INSTITUTIONAL STIGMA

STIGMA THROUGH ASSOCIATION

Impact of Stigma

Stigma and Prejudice
Stigma perpetuates negative stereotypes and misconceptions about individuals with SUD. Prejudice emerges as a result of stigmatizing beliefs, leading to biased attitudes and discriminatory behaviors.

Reactionary Policies
Prejudice fuels the development of reactionary policies that prioritize punitive measures over public health approaches.

Discriminatory Policies
Politicians and policymakers may respond to societal stigma by implementing harsh laws and regulations that impact individuals with SUD.

Impact on Public Health
Discriminatory policies hinder effective prevention and treatment efforts for SUD. They contribute to increased stigma and isolation experienced by individuals with SUD, exacerbating health disparities.
Our words create worlds. Words spoken harshly or carelessly may create a world that is unsafe for someone who is sensitive or struggling.

Derogatory language, whether used intentionally or unintentionally, can construct a space that may be unwelcoming.
See me, Hear me, Treat me

• Stigmatizing language referring either to the individual or the condition can serve as a barrier to the person seeking treatment and health care.

• On a personal level, we know that just over 25% of individuals with a severe substance use disorder don’t seek treatment each year due to the belief that they will be stigmatized or discriminated against.

The Fix, Language Matters: A Recovery Scientist Explains the Impact of Our Words, By Olivia Pennelle 07/02/18
Stick and Stones...Words do Hurt

Humanity before disease or behavior.

Ask how an individual wishes to be addressed. Use person-first language, while respecting identity-first language.
### Terms to Avoid, Terms to Use, and Why

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Use…</th>
<th>Because…</th>
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<tbody>
<tr>
<td>● Addict</td>
<td>● Person with substance use disorder</td>
<td>● Person-first language.</td>
</tr>
<tr>
<td>● User</td>
<td>● Person with OUD or person with opioid</td>
<td>● The change shows that a person “has” a problem, rather than “is” the problem.</td>
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<td></td>
<td>addiction (when substance in use is opioids)</td>
<td>● The terms avoid eliciting negative associations, punitive attitudes, and individual blame.</td>
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<tr>
<td>● Substance or drug abuser</td>
<td>● Patient</td>
<td></td>
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<tr>
<td>● Junkie</td>
<td>● Person in active use; use the person’s name, and then say &quot;is in active use.&quot;</td>
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<tr>
<td>● Alcoholic</td>
<td>● Person with alcohol use disorder</td>
<td></td>
</tr>
<tr>
<td>● Drunk</td>
<td>● Person who misuses alcohol/engages in unhealthy/hazardous alcohol use</td>
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<tr>
<td>● Former addict</td>
<td>● Person in recovery or long-term recovery</td>
<td></td>
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<tr>
<td>● Reformed addict</td>
<td>● Person who previously used drugs</td>
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| ● Habit | ● Substance use disorder  
● Drug addiction | ● Inaccurately implies that a person is choosing to use substances or can choose to stop.  
● “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.  
● 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  
● Medication-assisted treatment (MAT) | ● Opioid agonist therapy  
● Pharmacotherapy  
● Addiction medication  
● Medication for a substance use disorder  
● Medication for opioid use disorder (MOUD) | ● It is a misconception that medications merely “substitute” one drug or “one addiction” for another.  
● The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan. |
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| **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.  
  - 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. |
| **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.  
  - May decrease patients’ sense of hope and self-efficacy for change. |
| **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.  
  - Using person-first language can reduce stigma. |

Images of people using substances and paraphernalia (needles, syringes, spoons, or lighters) were identified as both stigmatizing and triggering, with participants reporting that the images brought up urges or cravings to use substances. Powders, crystals, marijuana, pills, alcohol containers or servings, or cigarettes/vapes were also not recommended.

https://www.addictionpolicy.org/post/new-study-on-stigmatizing-imagery-for-substance-use-disorders-released
• Change is possible...and necessary
• Commit to person first language
• Use non-stigmatizing words, phrases, and images
• Use clinical terminology
Reflect to Connect

• What is a strategy I can use starting this week to move towards dismantling stigma as a public facing official?

REMEMBER:

• Words matter, but behavior change is what is needed to push past the devastating effects of stigma.
Resources

• Community Opioid Resources Engine (CORE-NC)
  ncoioioidsettlement.org | opioidsettlement@unc.edu

• NC Department of Justice
  morepowerfulnc.org/opioid-settlements | opioidsettlement@ncdoj.gov

• NC Association of County Commissioners
  ncacc.org/opioidsettlement | opioidsettlement@ncacc.org

• NC DHHS
  ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard | opioidsettlement@dhhs.nc.gov
Trauma-Informed Counties

Designed to explore the profound impacts of trauma and its interconnection with drug use, and to dig into specific, actionable strategies to address trauma across our service systems.

“Taking care of ourselves, so we can care for each other”
Trauma-Informed Counties

- All instances begin at 10:00 a.m. and end at 4:00 p.m.

- Monday, June 3 — Catawba County
- Wednesday, June 5 — Wilkes County
- Tuesday, June 25 — Orange County
- Wednesday, June 26 — Lee County

- Monday, July 8 — Jackson County
- Tuesday, July 9 — McDowell County
Save the Date!
NC Summit on Reducing Overdose

March 18-20, 2025 in Wake County

www.ncacc.org/ncsoro
Thank you!

Questions and curiosities, clarifications, comments, complaints or celebrations?