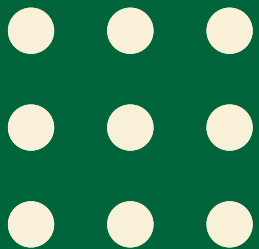




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**Strategies to Address the Opioid  
Overdose Epidemic Webinar Series**

# **Overcoming Stigma through Language**

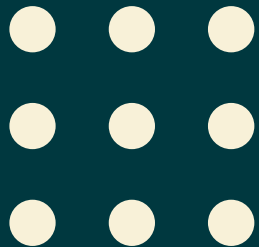
April 29, 2024



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# Welcome and Introduction

Nidhi Sachdeva, NCACC





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# Agenda

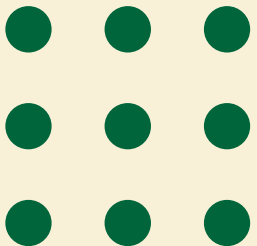
- ● ● • Presentation
- ● ● • Open-Discussion/Questions
- ● ● • Updates



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# 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.”





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# NC MOA: High Impact Abatement Strategies (Option A)

1. Collaborative strategic planning

2. Evidence-based addiction treatment

3. Recovery support

4. Recovery Housing Support

5. Employment-related Services

6. Early intervention

7. Naloxone distribution

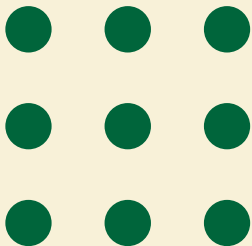
8. Post-overdose response

9. Syringe service programs (SSPs)

10. Legal system diversion

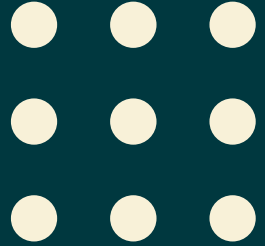
11. Addiction treatment for incarcerated persons

12. Reentry programs





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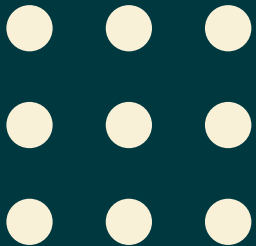
# Overcoming Stigma through Language

**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.





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# Stigma is a Barrier to Care

**STIGMA FROM  
INDIVIDUALS**

**INSTITUTIONAL STIGMA**

**SELF-STIGMA  
(INTERNALIZED)**

**STIGMA THROUGH  
ASSOCIATION**





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# 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.

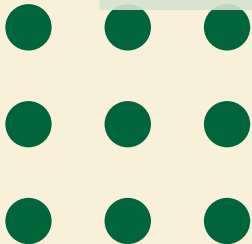
## Discriminatory Policies

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



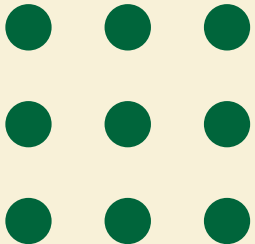


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# Our Words Create Worlds

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

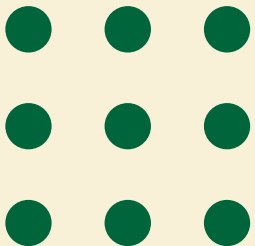
- Stigmatizing language referring either to the individual or the condition can serve as a barrier to the person seeking treatment and health care.
- On a personal level, we know that just over 25% of individuals with a severe substance use disorder don't seek treatment each year due to the belief that they will be stigmatized or discriminated against.



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# 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.



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# Terms to Avoid, Terms to Use, and Why

Instead of...	Use...	Because...
<ul style="list-style-type: none"><li>● Addict</li></ul>	<ul style="list-style-type: none"><li>● Person with substance use disorder</li></ul>	<ul style="list-style-type: none"><li>● Person-first language.</li><li>● The change shows that a person “has” a problem, rather than “is” the problem.</li><li>● The terms avoid eliciting negative associations, punitive attitudes, and individual blame.</li></ul>
<ul style="list-style-type: none"><li>● User</li></ul>	<ul style="list-style-type: none"><li>● Person with OUD or person with opioid addiction (when substance in use is opioids)</li></ul>	
<ul style="list-style-type: none"><li>● Substance or drug abuser</li></ul>	<ul style="list-style-type: none"><li>● Patient</li></ul>	
<ul style="list-style-type: none"><li>● Junkie</li></ul>	<ul style="list-style-type: none"><li>● Person in active use; use the person’s name, and then say "is in active use."</li></ul>	
<ul style="list-style-type: none"><li>● Alcoholic</li></ul>	<ul style="list-style-type: none"><li>● Person with alcohol use disorder</li></ul>	
<ul style="list-style-type: none"><li>● Drunk</li></ul>	<ul style="list-style-type: none"><li>● Person who misuses alcohol/engages in unhealthy/hazardous alcohol use</li></ul>	
<ul style="list-style-type: none"><li>● Former addict</li></ul>	<ul style="list-style-type: none"><li>● Person in recovery or long-term recovery</li></ul>	
<ul style="list-style-type: none"><li>● Reformed addict</li></ul>	<ul style="list-style-type: none"><li>● Person who previously used drugs</li></ul>	





# Terms to Avoid, Terms to Use, and Why

Instead of...	Use...	Because...
<ul style="list-style-type: none"> <li>Habit</li> </ul>	<ul style="list-style-type: none"> <li>Substance use disorder</li> <li>Drug addiction</li> </ul>	<ul style="list-style-type: none"> <li>Inaccurately implies that a person is choosing to use substances or can choose to stop.</li> <li>“Habit” may undermine the seriousness of the disease.</li> </ul>
<ul style="list-style-type: none"> <li>Abuse</li> </ul>	<p>For illicit drugs:</p> <ul style="list-style-type: none"> <li>Use</li> </ul> <p>For prescription medications:</p> <ul style="list-style-type: none"> <li>Misuse</li> <li>Used other than prescribed</li> </ul>	<ul style="list-style-type: none"> <li>The term “abuse” was found to have a high association with negative judgments and punishment.</li> <li>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.</li> </ul>
<ul style="list-style-type: none"> <li>Opioid substitution replacement therapy</li> <li>Medication-assisted treatment (MAT)</li> </ul>	<ul style="list-style-type: none"> <li>Opioid agonist therapy</li> <li>Pharmacotherapy</li> <li>Addiction medication</li> <li>Medication for a substance use disorder</li> <li>Medication for opioid use disorder (MOUD)</li> </ul>	<ul style="list-style-type: none"> <li>It is a misconception that medications merely “substitute” one drug or “one addiction” for another.</li> <li>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.</li> </ul>



# Terms to Avoid, Terms to Use, and Why

Instead of...	Use...	Because...
<ul style="list-style-type: none"> <li>● Clean</li> </ul>	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> <li>● Testing negative</li> </ul> <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> <li>● Being in remission or recovery</li> <li>● Abstinent from drugs</li> <li>● Not drinking or taking drugs</li> <li>● Not currently or actively using drugs</li> </ul>	<ul style="list-style-type: none"> <li>● Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.</li> <li>● Set an example with your own language when treating patients who might use stigmatizing slang.</li> <li>● Use of such terms may evoke negative and punitive implicit cognitions.</li> </ul>
<ul style="list-style-type: none"> <li>● Dirty</li> </ul>	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> <li>● Testing positive</li> </ul> <p>For non-toxicology purposes:</p> <ul style="list-style-type: none"> <li>● Person who uses drugs</li> </ul>	<ul style="list-style-type: none"> <li>● Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.</li> <li>● May decrease patients' sense of hope and self-efficacy for change.</li> </ul>
<ul style="list-style-type: none"> <li>● Addicted baby</li> </ul>	<ul style="list-style-type: none"> <li>● Baby born to mother who used drugs while pregnant</li> <li>● Baby with signs of withdrawal from prenatal drug exposure</li> <li>● Baby with neonatal opioid withdrawal/neonatal abstinence syndrome</li> <li>● Newborn exposed to substances</li> </ul>	<ul style="list-style-type: none"> <li>● Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome.</li> <li>● Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.</li> <li>● Using person-first language can reduce stigma.</li> </ul>



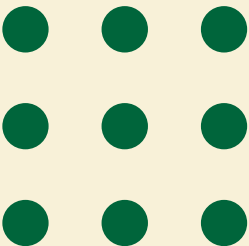
# Imagery Matters Too



Non-stigmatizing SUD imagery to use

- New Study on Stigmatizing Imagery for Substance Use Disorders Released
- June 2023

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.



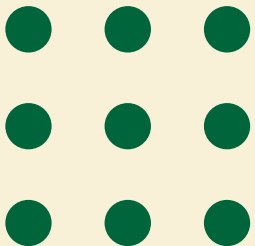
Non-stigmatizing treatment and patient imagery to use



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# Words and Images Matter

- Change is possible...and necessary
- Commit to person first language
- Use non-stigmatizing words, phrases, and images
- Use clinical terminology





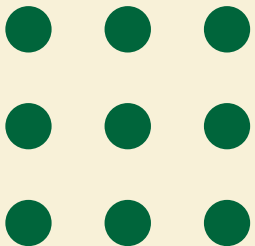
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# Reflect to Connect

- 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.







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# Resources



- **Community Opioid Resources Engine (CORE-NC)**

[ncopioidsettlement.org](https://ncopioidsettlement.org) | ✉ [opioidsettlement@unc.edu](mailto:opioidsettlement@unc.edu)

- **NC Department of Justice**

[morepowerfulinc.org/opioid-settlements](https://morepowerfulinc.org/opioid-settlements) | ✉ [opioidsettlement@ncdoj.gov](mailto:opioidsettlement@ncdoj.gov)

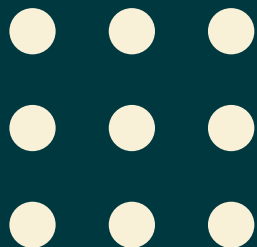
- **NC Association of County Commissioners**

[ncacc.org/opioidsettlement](https://ncacc.org/opioidsettlement) | ✉ [opioidsettlement@ncacc.org](mailto:opioidsettlement@ncacc.org)

- **NC DHHS**

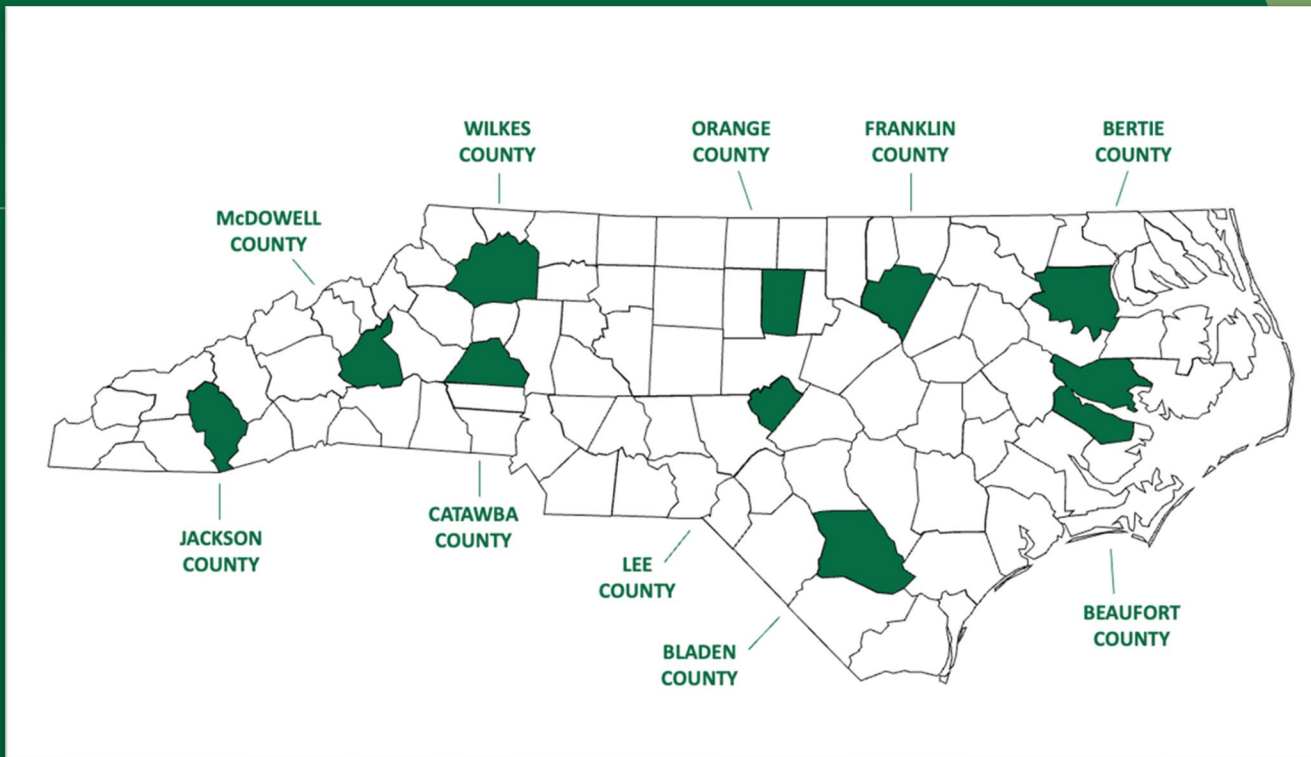
[ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard](https://ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard) |

✉ [opioidsettlement@dhhs.nc.gov](mailto:opioidsettlement@dhhs.nc.gov)





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# 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”



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# 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



Register for TIC Training

# Save the Date!

## NC Summit on Reducing Overdose

**March 18-20, 2025  
in Wake County**  
[www.ncacc.org/ncsoro](http://www.ncacc.org/ncsoro)



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OVERDOSE  
DEATH IS  
PREVENTABLE.

31 AUGUST

—  
INTERNATIONAL OVERDOSE  
AWARENESS DAY

# Thank you!

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

