



# The Language of Stigma

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June 14, 2021



- CHECK IN

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- Any questions or concerns about launch?
  - Anything else on your mind?

# Learning Objectives

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By the end of this session, participants should be able to:

- Recall the nature of stigma and some of the challenges in addressing it
- Summarize the negative impact of stigma on accessing care and long term recovery
- Recognize how the language we use has an impact on treatment success

# Why is it Important to Talk About Bias and Stigma?



**Stigma** – *a mark of disgrace associated with a particular circumstance/quality or person*

- Shame does not motivate positive change
- Judgment increases the burden on people who are already suffering
- Stigma is literally a killer
- **BUT WHY IS IT SO HARD**

# Function of Stigma and Stereotyping

- Stigma – Sorting people into in-groups and out-groups
  - Social process by which social groups are devalued rejected and excluded
- Stereotyping
  - Negative, group-based attitudes and discrimination are justified by a widely held, oversimplified image of a person



Quotes on the Nose, PowerPoint

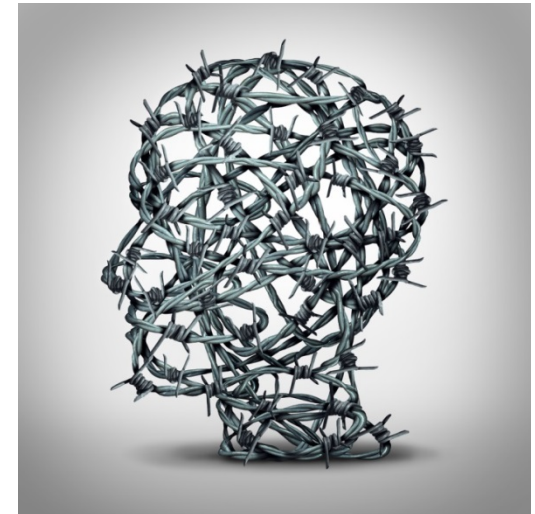
# Why Do We Stereotype and Label?



- Blaming individuals is easier than contemplating societal issues
  - Adverse childhood experiences
  - Structural oppression and white supremacy
  - Inequality
- Categorizing helps the brain to make sense of complex information
  - “I’ve seen one, so I’ve seen them all ”

# What Stigma Does to People

- Exquisite sensitivity to rejection
- Social withdrawal and avoidance of opportunities for help
- Low self esteem/suicidal ideation
- Actual experience of devaluation and discrimination, horizontal hostility



Madness and Depression,  
openDemocracy, PowerPoint

# Enduring Consequences for Patients



- Challenges to seeking care
  - Higher perception of societal stigma directly reduced the likelihood of accessing services
- Impacts on successful recovery
  - Stigma continues to impact people who are in recovery and threatens their success



Dr. Deb, PowerPoint

*On stigma and its consequences. Evidence from a Longitudinal Study of Men with Dual Diagnosis of Mental Illness and Substance Abuse.* Link, Streuning et al. J of Heal and Soc Beh 1997, Vol #8 (June) 177-190



# ADAI Washington State Syringe Exchange Health Survey: 2017 Results

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- Reasons for not getting needed medical care
- 33% of respondents “don’t trust/like doctors”
- 26% “don’t want to be lectured/judged about drug use”



ACTUPmarchforsyringeexchange, Kaytee Riek

# Physicians' Beliefs

- 37% of primary care physicians believed that drug addiction was “somewhat or a lot” a result of moral failings
- Simultaneously 87% reported drug addiction as a disease

# Clinical Impact of Biased Language



- Myth of medical record as objective space
  - We can inadvertently pass on stigma in our chart note and perpetuate clinician bias
- Choices in words, descriptive language and client quotes
  - Directly impact future treatment decisions and quality of care

*Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms.* Kelly and Westerhoff, Int J Drug Pol, 21(3) May 2010

*Do words matter? Stigmatizing Language and the Transmission of Bias in the Medical record.* Goddu et al, J Gen Intern Med, 33(5), January, 2018

# Unconscious Bias and Language



- Sometimes just the words we use have a bigger impact than we think
- A commonplace term to us might evoke prejudice and bias in others
- Words have powerful positive and negative associations that evoke feeling and action

# Combatting Stigma



- Let's look at what we know about OUD and the people who have the disease
  - Reflect our compassion and respect by speaking mindfully ourselves
  - Encourage our colleagues to use less stigmatizing language



# Any thoughts about Stigma



- How have you seen this impact patients/recovery?

# Internalized Stigma

**Stigma becomes personally relevant –  
label is taken onto oneself**

**Response – attempts to avoid stigma;  
social withdrawal, concealment of  
problems, denial of condition**

**Negative consequences – decreased  
social support, decreased likelihood  
of recovery**

# Person-First Language



<b>Person with opioid use disorder (OUD), patient, client</b>
<b>Person in long term recovery, addiction survivor</b>



<b>Junkie, addict, drug abuser, substance abuser</b>
<b>Recovering addict</b>



# Attribution Theory

- When looking at others, we assign their behavior to character
  - We focus on internal drivers over situational/external factors
  - It's easy to see behaviors, hard to see context/history
- BUT we judge ourselves by our intentions
  - We understand the complexity of our own behavior – “Oh, I never meant to...”

# Circumstances, Not Character



<b>Formerly incarcerated person</b>
<b>Victim of sex trafficking, person who does sex work</b>



<b>Ex-convict, felon, offender, criminal</b>
<b>Prostitute, escort</b>

# A Disease is Not a Choice

- Opioid Prescribing in the USA 2018<sup>1</sup>
  - Still double the rate of 1999
  - 5% of world's population, 80% of opioid prescriptions
- 53% of people who use heroin and 10-20% prescribed opioid pain meds develop OUD<sup>2</sup>
- Important factors
  - Biology
  - Environment
  - Exposure



<sup>1</sup> Doctors And Dentists Still Flooding U.S. With Opioid Prescriptions NPR 07/17/20

<sup>2</sup> OUD epidemiology, pharmacology, clinical manifestations, course, screening, assessment and Diagnosis Eric Strain and Andrew Saxon, Up to date, 12/2019

# Non-Shaming Descriptions



<b>Using prescribed opioids not as directed/more than prescribed</b>
<b>Substance use disorder, chronic brain disease</b>



Prescription drug abuser
Substance abuse, substance dependence



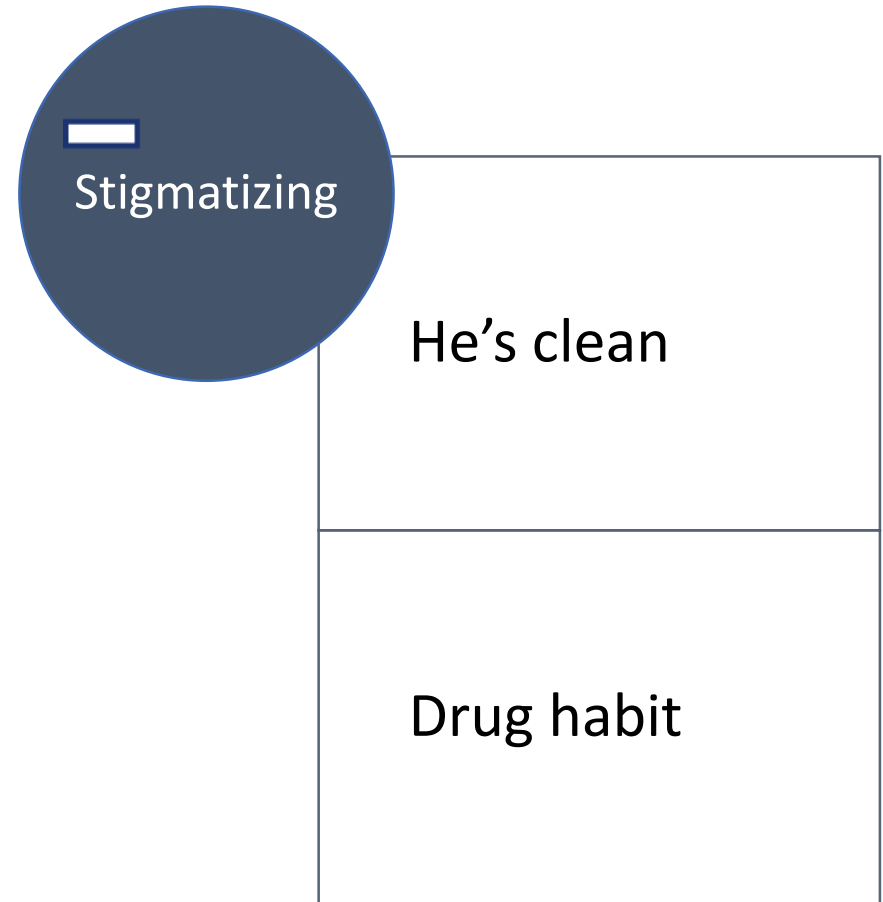
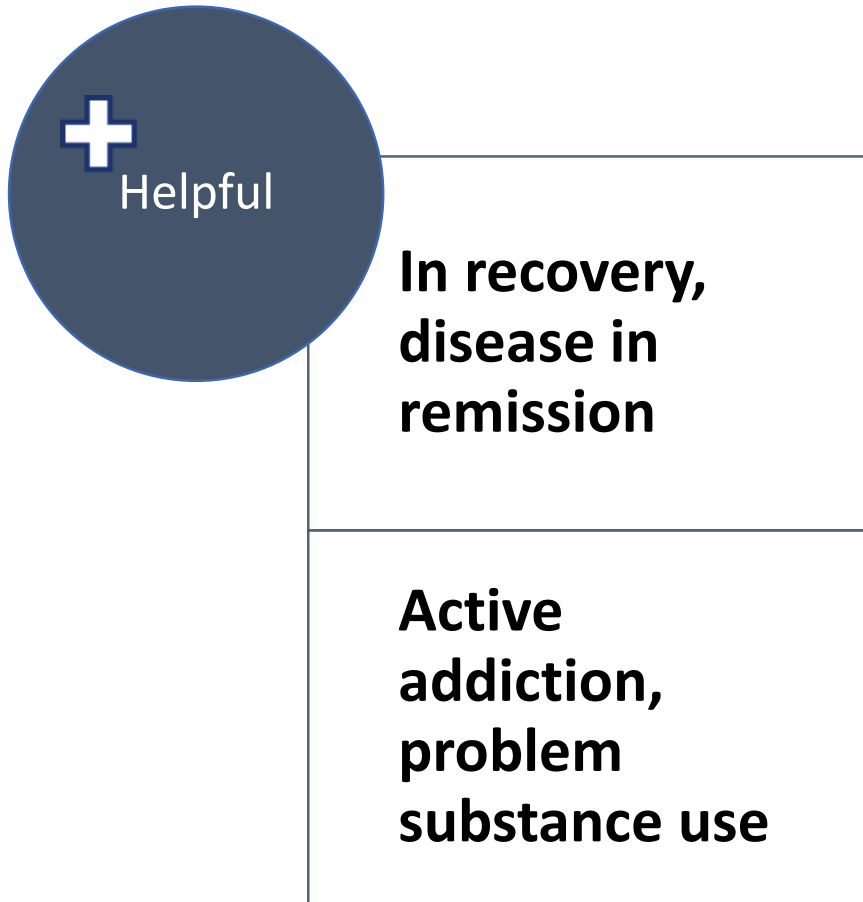
# Opioid Medications are not the Same as Street Drugs

Definition of Addiction: “compulsively using a drug despite harm”

Taking a prescribed medication  
to manage a chronic illness does  
**NOT** meet that definition

Medications are **SAFE** and **EFFECTIVE**

# Humanizing Comments

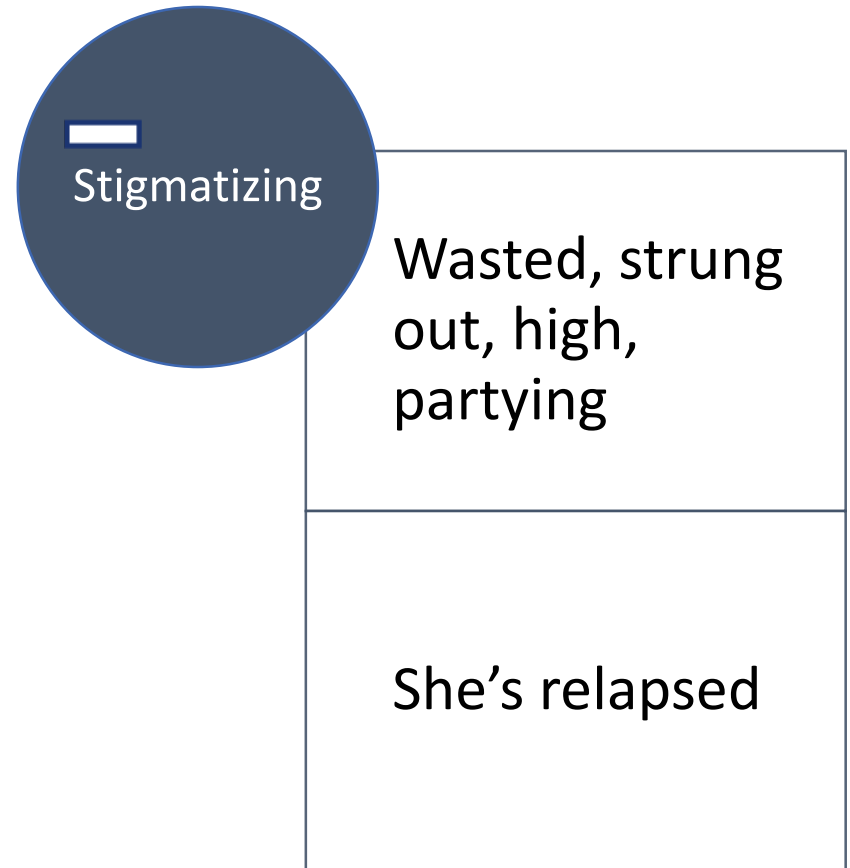
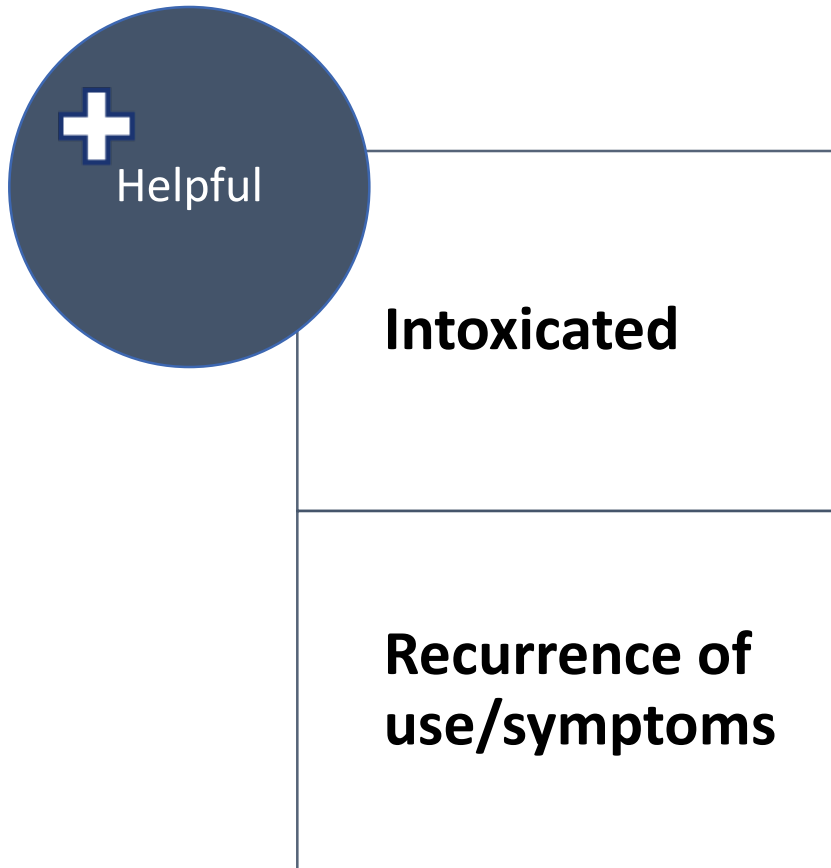


# Chronic Disease Management



- People with any serious health condition deserve to
  - Understand the condition and treatment options
  - Understand they can make choices about care
  - Be actively involved in making decisions
- Full spectrum of support services tailored to patient's choice should be offered

# Striving not to Judge





# Supportive Clinical Language



**Medication  
treatment/  
Medications for  
Opioid Use  
Disorder (MOUD)**

**Urine Drug Screen  
negative/positive  
for...**



Medication  
Assisted  
Treatment  
(MAT)/Opioid  
Substitution  
Therapy

Dirty/clean Urine  
Drug Screen

# Discussion



- Why is it hard for us (and our colleagues and our patients) to change our language around substance use disorders?
- Did you find any of the suggested language odd or awkward?

# Questions & Discussion

