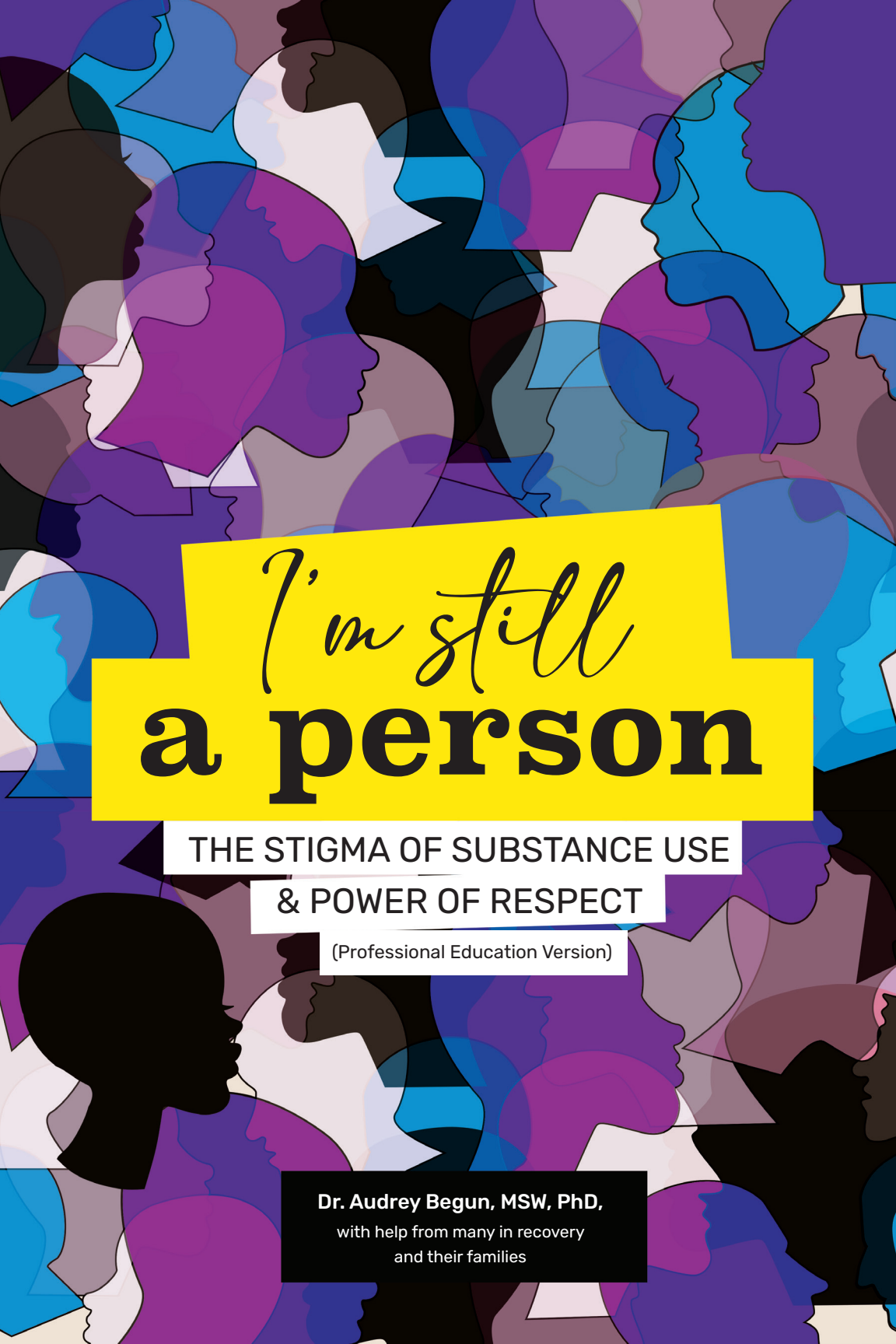


I'm still a person

THE STIGMA OF SUBSTANCE USE & POWER OF RESPECT

(Professional Education Version)

Dr. Audrey Begun, MSW, PhD,
with help from many in recovery
and their families

FOREWORD

BY RETIRED JUDGE LINDA DAVIS,

*Co-Founder, Families Against Narcotics (FAN)**

"Mom, I need your help. I'm addicted to heroin."

Those words changed my life and my daughter's life forever. My beautiful 17-year-old honor student, athlete, and all-around good kid was about to start the battle of her life. A summer knee surgery led to prescription pain pills and, by November, a full-blown heroin addiction.

The recovery journey began. I am a judge with many connections, but I learned quickly that morning that all the connections in the world could not fix the broken system of care with which we were about to embark. Two hours into this journey, I learned that accessing care was difficult and tedious. I learned that my daughter was more than likely going to die and was told repeatedly that heroin addicts don't survive. Four hours into the process, I learned there was not one facility in the state that could help my daughter. I was left hopeless, shamed, and fearful.
How could that be? Isn't this a disease?

I finally reached out to the CEO of a local hospital (I was on their board) and begged them to admit her for a few days, so I could figure out the next step. My daughter was getting sicker by the minute and I was beside myself with fear. We had been up most of the night and I was not one step closer to finding solutions. After much pleading, the hospital admitted her — a sigh of relief. We finally were in a room and the nurse came in. She was rude and clearly thought we were not worthy of her help. She stated, "We don't usually admit drug addicts." I was dressed in sweats and wearing no makeup, so no one knew I was a judge.

Once my daughter was settled, I walked out into the hallway to phone my secretary. For the first time since that morning, I broke down and cried. I heard a nurse and doctor standing at the nurses' station say, "Look at that pathetic mom, crying over her junkie daughter." Their remarks pierced my soul and so began my journey to change a system that is dysfunctional, shaming, and putting up barriers to treatment. I knew in that moment that I would fight for change.

My daughter survived. She now has an associate degree, is a homeowner, and works for a court. She thrived because she had a warrior alongside her. We all need to work to break the stigma of addiction. We all need to become warriors fighting for the health and rights of a vulnerable population without a voice. We need to dig deep, discover our own biases, and work to be the positive voice of change.

**FAN has produced an educational video, Compassion > Stigma, which can be accessed at: www.vimeo.com/464797110*

PREFACE

What images do these labels bring to mind?

What opinions do you have about a person described in these ways?

You might not use these labels personally or professionally.

But, how about ...

addict

alcoholic

drug abuser

user

drug seeker

Are you more likely to use THESE labels?

Through this workbook you are encouraged to say goodbye to hurtful, stigmatizing language and learn constructive, positive ways to address alcohol- and other substance-related stigma. The purpose of this workbook is to raise awareness of stigma related to a person's risky alcohol or other substance use behavior and stimulate thoughtful action to address stigma and its consequences.

> **I knew I had a problem. I never wanted to go to a treatment program of ANY type for fear that others would find out. The fear and shame of being labeled an alcoholic and that they would find out I didn't have it all together was more than I could bear.**
>
> *- Anonymous*

Whether describing others or the self-talk in our own minds, the words we use communicate our attitudes biases, and stereotypes. This is damaging for individuals experiencing an alcohol or other substance use disorder because it is counter-productive to the healing process for them, their families, and our communities.

WORKBOOK CONTENTS

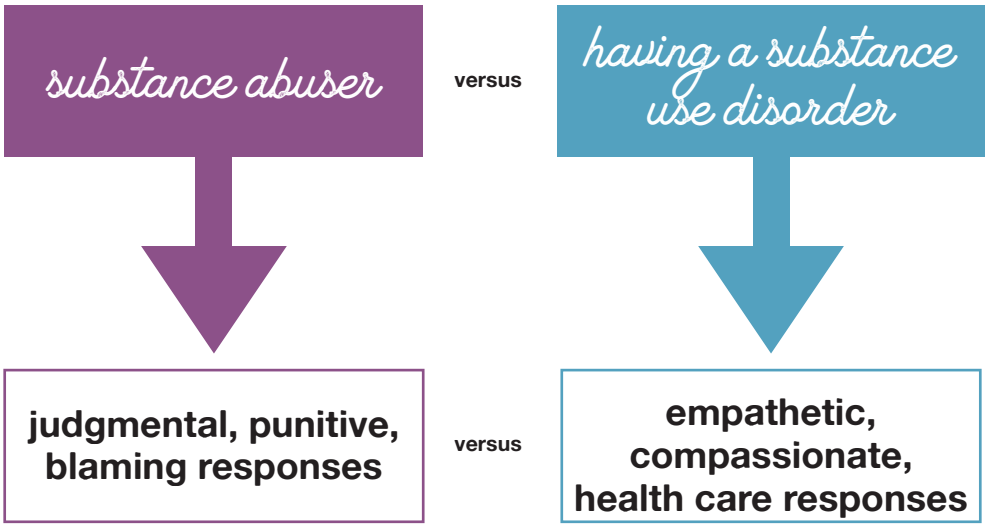
WORDS MATTER

If we pay attention, we notice that we are bombarded by stigmatizing language about alcohol and other substance use every day and everywhere. For example, notice the stigmatizing images commonly used in the media — ragged hair and a face with piercings, sunken eyes, and missing teeth, or syringes, powder, and a bottle of pills spilled across a table. Even in positive stories, the media unknowingly uses stigmatizing labels and images when telling a story about alcohol or other substance use disorders. This type of thoughtless language use can directly affect self-stigma and someone seeking help.

The words we use have meaning. They communicate our attitudes and beliefs, our understanding and misconceptions, our biases and stereotypes, and our interpretations and responses regarding alcohol and other substance use.

As evidence that our words matter, consider research studies that experimentally compared perceptions formed by describing a person as having a substance use disorder versus being a substance abuser. Results consistently demonstrated that descriptions of being a substance abuser led to negative perceptions of the person as being:

- **a greater social threat,**
- **more blameworthy,**
- **less likely to benefit from treatment,**
- **more likely to benefit from moral rather than medical interventions, and**
- **more likely to benefit from punishment or deserving of punitive measures (such as being given a jail sentence as a wake-up call).**



The conclusion is clear: How we refer to individuals engaged in risky alcohol or other substance use and those experiencing alcohol or other substance use disorders matters very much. A worthwhile goal is to use alcohol- and other substance-related language with great care.

The National Institute on Drug Abuse published a handout that helps us to be more thoughtful in our use of language related to risky alcohol and other substance use. Not only does it identify potentially stigmatizing terms, it offers alternatives and the rationale behind recommended changes. Here are some recommended examples.

Instead of …	Use …	Because …
addict, user, substance abuser, drug abuser, junkie, alcoholic, drunk	person with a substance use disorder, person with an opioid use disorder, person with an alcohol use disorder	use of person-first language is ideal; person experiences a problem rather than "is" the problem
former addict, reformed addict	person in recovery, person who previously used drugs, person not actively using drugs/ alcohol	avoids eliciting negative associations, punitive attitudes, individual blame
substance abuse prescription drug abuse	substance use drug use other than as prescribed	"abuse" (and to some extent, "misuse") is associated with negative judgements
clean/dirty	testing positive/negative for a particular substance (toxicology screening test)	uses clinically accurate, non-stigmatizing terminology as for other medical conditions

(Adapted from www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction)

As another example, the NIDAMED handout recommends replacing the stigmatizing term "addicted baby" with non-stigmatizing, person-first, clinically accurate language, such as "a baby with signs of neonatal withdrawal syndrome." Replacing the term "neonatal abstinence syndrome" with "neonatal withdrawal syndrome" moves us toward greater clinical accuracy related to the infant's experience and away from stigmatizing connotations associated with "abstinence."

***it's not just semantics — what we say and how we say it really matters.**

(see Burda, 2015; NIDA, 2020; Goodyear et al, 2018; Kelly & Westerhoff, 2010a, 2010b; Reber et al, 2020; Snodgrass, 2018; Zwick et al, 2020)

Using Person-First Language

Person-first language means starting with words designating personhood — words like:

- ✓ **person**
- ✓ **individual**
- ✓ **man, woman**
- ✓ **child, adolescent, adult**

Then come words describing a person's experiences or behavior. Emphasizing the experience or behavior helps to destigmatize the person. For example:

Try This	Instead of This
a person who engages in injection drug use	labeling them as a *drug injector* or *injection user*
a person experiencing a substance use disorder; an adolescent engaged in substance use; a man having an alcohol use disorder; a woman in recovery	labeling them as an *addict, addicted, recovering alcoholic*

PRACTICE ACTIVITY:

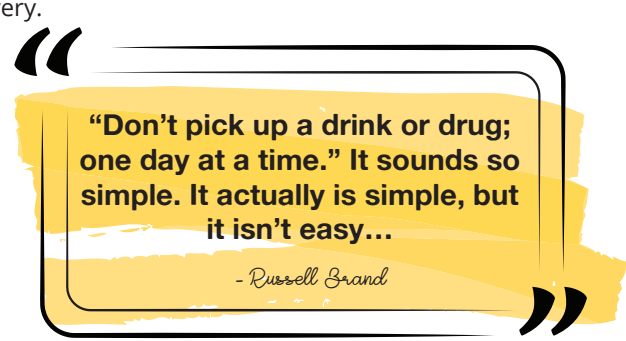
How might you destigmatize the label child of an alcoholic?

[Hint: Try focusing on both a person-first and experience/behavior approach, such as a child whose parent experienced an alcohol use disorder]

Person-first language conveys dignity and respect by defining someone as a person — regardless of whatever else is involved, they are first and foremost a person.

Another potentially problematic term is the word ***habit***. "Habit" soft-pedals the difficulty of overcoming powerful and compelling neurobiological, psychological, social context, and physical environment forces acting on a person's continued alcohol or other substance use. "Habit" also undermines the seriousness and severity of alcohol and other substance use disorders, as well as the tremendous effort involved in change attempts and recovery.

This shift in language use fits a paradigm that discourages applying a "moral failure lens" to a person's risky alcohol or other substance use behavior or use disorder; a paradigm that reflects the complex underlying biopsychosocial forces at play.



(see Begun, 2016; Brand, 2009; Broyles et al, 2014; NIDA, 2020; ONDCP, 2017; Robinson, 2016; Wakeman, 2019)

LEARNING ACTIVITY #1

Words Matter (Part 1)

First, read the following vignette, then respond to the four questions about a person we call "M."

M is a substance abuser currently attending court-ordered treatment. The program requires abstinence from alcohol and other drug abuse. M complied with the program requirements until one month ago, showing two dirty tox screens. M has been a substance abuser for six years and is now awaiting the judge's status determination.

Next, using the rating scale (from 1-5), indicate your level of agreement with each statement: *

questions ↓	scale →	1 strongly disagree	2 disagree	3 neither agree nor disagree	4 agree	5 strongly agree
A	M is responsible for their own problems					
B	M is capable of making competent treatment decisions and choices					
C	The judge should increase the severity of consequences for any further substance use					
D	With proper treatment, M could be a valuable worker/employee					

* adapted from Kelly & Westerhoff, 2010a

Words Matter (Part 2)

Now, read the NEW vignette, then respond to the four questions (try to ignore what you recall from the first vignette).

M experiences a substance use disorder (for the past 6 years) and currently attends a treatment program through the court. As part of the program, M is required to remain abstinent from alcohol and other drug use. M complied with the program requirements until one month ago when found to have two positive urine toxicology screens. M is now awaiting the judge's status determination.

Next, using the rating scale (from 1-5), indicate your level of agreement with each statement: *

questions ↓	scale →	1 strongly disagree	2 disagree	3 neither agree nor disagree	4 agree	5 strongly agree
E	M is responsible for their own problems					
F	M is capable of making competent treatment decisions and choices					
G	The judge should increase the severity of consequences for any further substance use					
H	With proper treatment, M could be a valuable worker/employee					

* adapted from Kelly & Westerhoff, 2010a

Words Matter (Part 3)

LEARNING ACTIVITY #1

Now consider the following as you compare your ratings for:

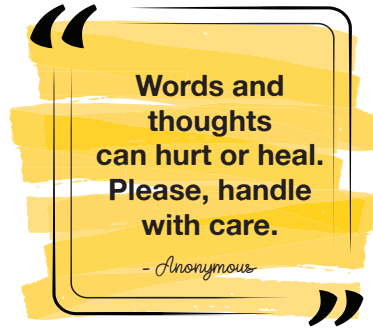
A->E **B->F** **C->G** **D->H**

1. What differences do you notice in how you perceived M's:

- Problem responsibility?
- Capacity for self-determination/deciding what is in their own best interests?
- Appropriate consequences?
- Potential for being a positive member of society?
- What does this help you understand about your own possible biases?

2. Imagining M, what age did you imagine them to be?

- What gender?
- What race/ethnicity?
- What does this help you understand about your own possible biases?



3.How do you think your perceptions would compare if M's substance use involved:

- alcohol alone?
- cannabis/marijuana alone?
- opioids?
- use of multiple substances (polydrug use)?
- prescription drug use other than as prescribed versus "street" drugs?
- What does this help you understand about your own possible biases?

How do you think your perceptions were influenced by:

- M being involved with the court/criminal justice system?
- Do you think you might have perceived M differently if instead it was:
  - the health care system involved?
  - the mental/behavioral health system?
  - if the child welfare system was also involved?
- What does this help you understand about your own possible biases?

The purpose of this exercise is to raise our self-awareness of how the words we use might influence or reflect our own possible biases.

WHY IT MATTERS:
FOUR PROBLEMS WITH LABELS

#1.

Labeling someone as an "addict," "alcoholic," or "substance abuser" defines who the person is, rather than describing one aspect of what makes up that unique and complex individual. When we apply these labels, it becomes their identity; we ignore the rest of who that person is. In the language of recovery support, the message is that

I am still a person.

> **Addiction is not the entirety of me. I am me; I am not just my addiction.**
>
> *- Anonymous*

#2.

We make assumptions about a person based on the way they are labeled. For example, when we assign someone to a labeled category, we expect them to stay put — we impose assumptions that they can never REALLY change. Once labeled an "addict," "alcoholic," or "substance abuser," we expect they will always fit that label. This reflects a rather hopeless and inaccurate point of view. There exists plenty of evidence that

people do change, recovery does happen

Substance use disorder is actually a good prognosis disorder, in that the majority of patients fully recover, go on to lead normal lives, and often achieve enhanced levels of functioning. Myriad treatments, resources, and services exist to support recovery.

- John F. Kelly, PhD, ABPP, Harvard Medical School

Substance use disorder and recovery is comparable to diseases like cancer and diabetes. Whenever I speak on stigma, you can see the change when people realize cancer remission is like remission from substance use disorder – cancer can reoccur but we don't blame someone for it. Comparisons with other diseases make substance use disorder truly a brain disease and not a moral failure.

- Retired Judge Linda Davis

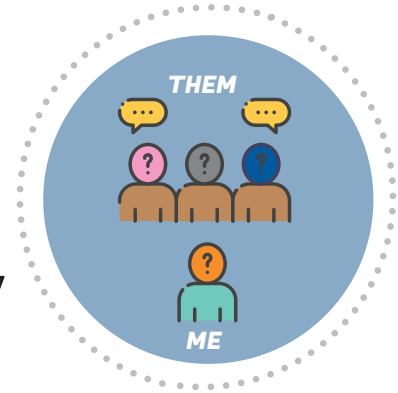
#3. Language we use

Language we use about alcohol and other substance use disorders often implies that a person is to blame for their own problems. The result of blame is shame and punishment — a far cry from helping a person make healthful changes in their lives and behavior.

#4. Labels separate us

Labels separate us and emphasize our ***differences*** rather than how we are ***alike***. Labeling people establishes a "***them***" versus "***us***" mentality — it emphasizes how "***those people***" are different from "***us***" and how they are "***not like me***."

"Not like me" is at the very root of stigma.



Professional Bias in Language Use. Words like "alcoholic," "addict," and "substance abuser" should no longer be used in professional practice or lay settings because of the implicit bias such terms evoke. This includes our record keeping and case reporting practices.

When I went to the ER to be treated for withdrawal, I could overhear hospital personnel from behind the curtain discussing my case this way: "The addict over there is back again, it's the same guy who was here a few weeks ago with the same problem"' Addict? I'm a person. A person with a disease. I felt so embarrassed and humiliated I left the ER, only to use again. I'm now in long-term recovery, but the memory of how I was treated in the ER has stuck with me to this day.

- Anonymous

(see Begun, 2016; Goodyear, Koffler & Chavanne, 2018; Kennedy-Hendricks et al, 2017; Wakeman, 2019)

Practicing Respectful Language Use

LEARNING ACTIVITY #2

Task:

A. First, identify what you believe to be the problematic words in the following (hypothetical) statement from a staffing case-review meeting:

I think that addicts should be able to benefit from treatment for pain, but professionals shouldn't help pill-seekers. It is the same for alcoholics: You don't give them alcohol. Substance abusers may believe their pain is worse than they can tolerate, but there are alternatives to doctors being pill-pushers.

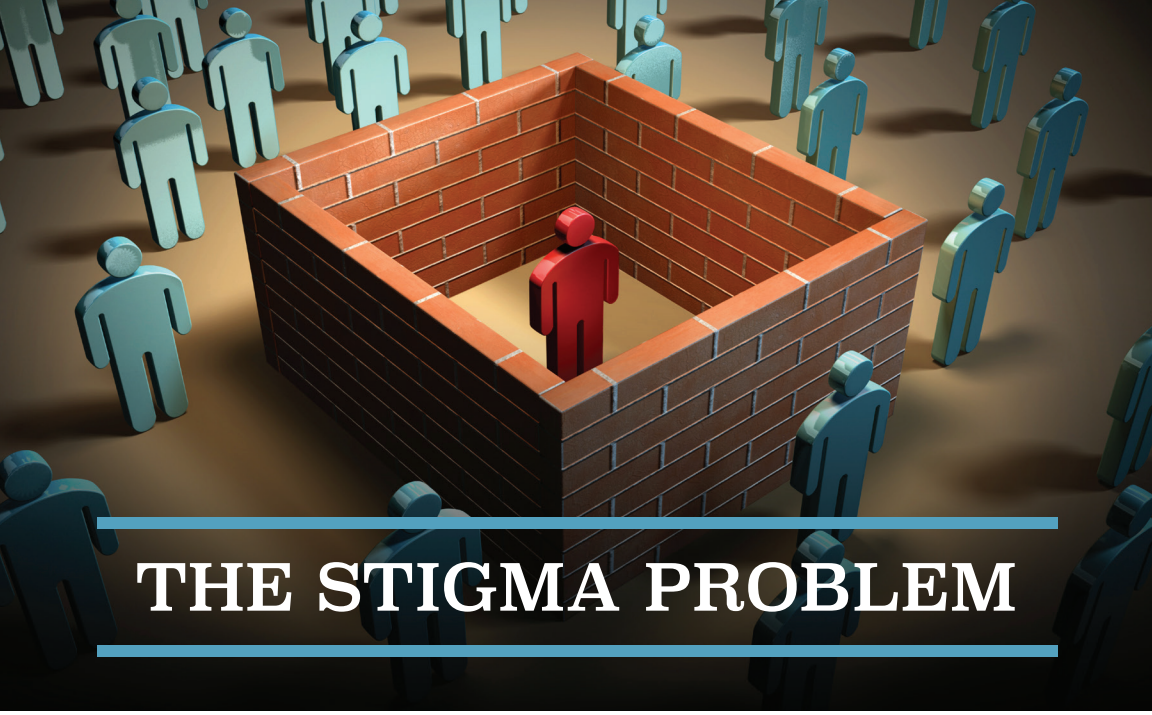
Hint: addicts, pill-seekers, alcoholics, substance abusers, pill-pushers

B. Now, practice editing the statement using more appropriate and respectful language.

Here is just one example:

I think that someone with a substance use disorder should be able to benefit from treatment for pain, but professionals should be cautious about providing pain medication for a person in recovery. There may be alternative ways to effectively address this person's pain.

The purpose of this exercise was to practice identifying substance-related language use concerns and how we might correct them.



THE STIGMA PROBLEM

What is stigma?

Definitions include stigma as a strong feeling of disapproval about somebody, especially when it is unfair to feel this way. Stigma results in bias and discrimination. Whether we mean to or not, stigmatized individuals become marginalized, discounted, undesirable, and invisible. The inherent dignity of the person is lost.

A person is affected by encountering, perceiving, or anticipating stigma. Stigmatizing experiences act as barriers to seeking help and interfere with the recovery process. These experiences reduce a person's sense that they "have what it takes" to change, creating barriers to their willingness to seek help and engage with recovery support services.

> **Stigma is more than inconsiderate language; it is built into the systems that are supposed to help us, and disproportionately affects those that are most vulnerable.**
>
> *- Anonymous*

> **The stigma associated with addiction caused my dear friend to isolate and not seek treatment, to the extent that it exacerbated his condition. He was too embarrassed to ask for help ... He's now dead from an [overdose]. This just can't happen.**
>
> *- Anonymous*

A more detailed definition of stigma indicates that stigma occurs at all levels of society — from macro-level culture, social policy systems, and institutions, down to our communities, families, and individuals:

> "...the complex of attitudes, beliefs, behaviors, and structures that interact at different levels of society (i.e., individuals, groups, organizations, systems) and manifest in prejudicial attitudes about and discriminatory practices against people with mental and substance use disorders" (NAS, 2016, p. 33)

This definition also addresses implications — stigma results in discriminatory practices — whether intended or not. Addressing alcohol- and other substance use-related stigma translates into policy and practices that move us away from punitive criminal justice responses, moving instead toward promoting treatment, harm reduction, and recovery support responses.

As professionals, we need to identify and address both explicit bias and implicit bias related to stigma about risky alcohol and other substance use, as well as about alcohol and other substance use disorders, evidence-supported interventions and treatments, and families whose member engages in risky alcohol or other substance use.

Explicit Bias is expressed in terms of rules, policies, and procedures concerning alcohol or other substance use. Such explicit bias impacts many aspects of life for individuals experiencing alcohol or other substance use disorders: their housing and food security, employment and income stability, social and health care services, or entanglement with criminal justice, child welfare, and legal systems.

In professional practice, our policies and practices may create (unintended) barriers. For example, services only available during the traditional 9-to-5, Monday-through-Friday work schedule may exclude individuals on hourly work schedules without time off for appointments. Such a schedule also excludes some of the peak challenge periods an individual in recovery may experience — weekends, holidays, and nights.

Implicit Bias is about how our underlying, even subconscious, beliefs and attitudes might become expressed in our behavior in unintentional ways — ways that interfere with our social interactions and engaging with each other. It might be about avoiding contact with the stigmatized person or behaving differently around them than around other people. Do we check the security of our personal belongings when they are present? Do we avoid inviting them to join us in social situations?

In professional practice, implicit bias impedes the formation of therapeutic alliance — the working relationship — and makes engaging with professionals uncomfortable for the person. For example, do we make eye contact when speaking with them? Do we make assumptions about their friends and family connections? What do we assume about their capacity to work together with us?

Impact. Explicit and implicit bias lead to a whole group of individuals becoming marginalized, systematically excluded, discounted, less enfranchised in society, categorized as undesirable beings, and, in some cases, they are rendered invisible.

*(see NAS, 2016)

Substance Use Stigma Activity

LEARNING ACTIVITY #3

The purpose of this activity is to think about perceptions of persons treated for an alcohol or other substance use disorder. Consider how you believe members of your own social networks might feel about:

(a) Being friends with this person
(b) This person's trustworthiness
(c) This person's being safe teaching or caring for children
(d) Hiring this person or being their co-worker
(e) Dating this person or having them join the family

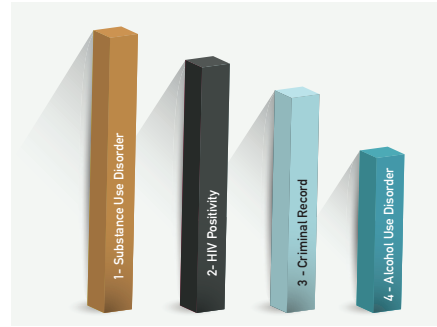
How are these sentiments likely to be expressed toward that person?

How is this person likely to respond?

The purpose of this exercise is to make us more aware of implicit and explicit bias and substance-related stigma in our own social and community contexts.

Experiences of Bias and Stigma. Individuals experiencing alcohol or other substance use disorders report remarkably high rates of stigma encounters. These multiple stigmatizing experiences may act as barriers for help seeking and interfere with the recovery process. In a 2000-2001 study comparing stigma related to 18 health or social conditions conducted across 16 nations, substance use disorder (addiction) was associated with the highest levels of encountered disapproval and alcohol use disorder was 4th highest.

Evidence is growing that encountering these multiple stigmatizing experiences may interfere with accessing, engagement with, and retention in treatment or other recovery support services, and may reduce a person's self-efficacy for change — believing that they have what it takes to change themselves and their behavior.



Public Attitudes. Public attitudes influence public policy, which, in turn, contributes to explicit bias. A public opinion survey reported more than half (59%) of responders believed treatment for individuals experiencing substance use disorder are ineffective. Almost one-third (28%) rejected the idea that individuals experiencing substance use disorder could recover with treatment and return to productive lives. Other research identified public perceptions about individuals who experience substance use disorder — that they:

- Are potentially dangerous, unpredictable, and incapable of making their own decisions about treatment and other life decisions
- Are to blame or responsible for their substance-related problems
- Have a doubtful treatment prognosis.

Intersectionality. These negative public opinions potentially influence policy support for treatment and recovery services. Public stigma about substance use often intersects with other toxic stereotypes, such that a person may encounter intersecting stigmas, such as:

- Having been incarcerated in jail or prison
- Experiencing mental health concerns
- Being a military veteran
- Testing positive for HIV or other communicable disease
- Being a pregnant woman, a woman, or a parent (men or women)
- Identifying with various races, ethnic groups, national origins, religions, sexes, genders, sexual orientations
- Using specific types of substances (such as alcohol and other legal drugs versus illicit substance use, and drug injection versus other means of administration)

One common public stigma challenge occurs when someone fails to understand the difference between their own personal experiences with alcohol or other substance use and the experience of individuals whose alcohol or other substance use has become risky or disordered.

(see Ashford et al, 2018, 2019a, 2019b; Barry et al, 2014; Benz et al, 2019; Begun, 2019; Begun & Rose, 2007; Burda, 2015; Bush-Baskette, 2010; Camlin et al, 2017; Chang et al, 2015; Clement et al, 2014; Cockroft et al, 2019; Corrigan et al, 2016; Crapanzano et al, 2019; dictionary.com; dictionary.Cambridge.org; Dschaak & Juntunen, 2018; Hammarlund et al, 2018; Harp & Oser, 2018; Livingston & Boyd, 2010; Mendoza, Hatcher, & Hansen, 2019; merriam-webster.com; Moore et al, 2020; O'Shay-Wallace, 2020; Reed, 1985; Room et al 2001; Rose et al, 2014; Smith et al, 2016; Stringer & Baker, 2018; van Boekel et al, 2013, 2015; Witte et al, 2019; Wogen & Restrepo, 2020; Wu et al, 2017;Yang et al, 2017)

Intersectionality

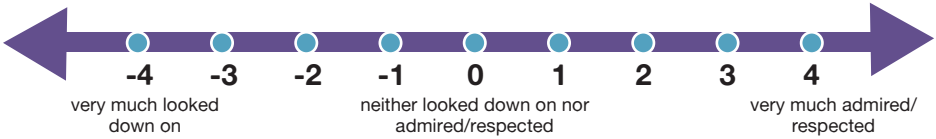
LEARNING ACTIVITY #4

Step 1. List 10 descriptive characteristics that are central to your own identity (not to be shared with anyone else). For example (but not limited to): your gender, age, race, ethnicity, education/profession, sexual orientation, geographic residence or origins, relationship status, parental status, employment status, alma mater, income, style preferences, personality type, intellect, sense of humor, physique, physical or psychological status, height, tattoos and/or piercings, voice, criminal justice history, recovery status, and others.

Step 2. Using the -4 to +4 scale provided, identify the degree to which you believe others meeting you for the first time might "look down on you" or "admire and respect you" for each characteristic in your list.

Step 3. Total your scores. Think about the degree to which you actually experience stigma ("being looked down on") when you meet someone new, when you encounter your own health care professionals/service providers, and in employment.

Step 4. Consider the way someone whose score is closer to +40 experiences life compared to someone whose score is closer to -40.



Characteristic	Score

The purpose of this activity is to reflect on the power of intersectionality and how multiple stigmas might affect the experiences of individuals stigmatized because of substance use.

LEARNING ACTIVITY #5

Stigma & Policy

During 2020 and early 2021, communities around the world were challenged to develop policy concerning prioritizing who had access to the scarce Covid-19 vaccine. Based on the fact that substance use is associated with (1) a greater risk of contracting communicable diseases and (2) a weakened ability for the body to fight diseases when contracted:

- Create three specific rationales for where on the priority list a person experiencing an alcohol or other substance use disorder should fall for receiving the preventive/protective vaccine — one rationale each for (a) them being high priority, (b) them being low priority, and (c) substance use status being irrelevant to priority.
- Consider the role that stigma plays in each argument you have developed.
- Critically consider your own personal position on this question and where that position might have come from.
- Since many individuals engaged in alcohol or other substance use (and associated behaviors) become incarcerated, review your rationales with regard to individuals in congregate living situations (jail or prison) where masking, social distancing, and hand-washing protocols are difficult (if not impossible) to maintain. Does intersectional bias play a role in the rationales you developed?
- To what extent does stigma possibly play a role in your own personal positions?

The purpose of this exercise is to consider the potential role of stigma and bias in policy and practice.

SELF-STIGMA

During the course of human development, "the outside becomes the inside" (Bronfenbrenner, 1995, p. 602). In other words, throughout our lifetime, explicit and implicit messages expressed by parents, siblings, peers, the media, and others in our social environments become internalized and shape our self-concept. This otherwise normal internalization process also lies at the root of toxic self-stigma.

Toxic self-stigma occurs when a person internalizes the stigmatizing messages, owning them as part of their identity, applying these beliefs to oneself. Being on the receiving end of the stigma experience makes a person feel worthless and discounted. Through repeated experiences of stigma, a person develops toxic shame, self-blame, and self-doubt. Self-stigma is a process of turning a person to a "discounted one" (Goffman, 1963, p. 3).

Individuals who experience a great deal of public stigma about their alcohol or other substance use also experience a great deal of self-stigma. Self-stigma, in turn, is associated with lower self-esteem, higher depression, greater anxiety, and more sleep problems.

Shame and embarrassment over their alcohol or other substance use is frequently reported. Alcohol and other substance use ceases to be about "fun;" individuals frequently express a wish that they could leave alcohol/other substance use behind them or that it had never been a part of their lives. Participants in one study reported believing that they "have permanently screwed up their lives," they felt "ashamed," and they felt "out of place in the world" as a result of their substance use.

How does such a person respond? The experience of shame promotes secrecy about their behavior and acts as a barrier to engaging with recovery support. They disappear, withdraw, escape, go away, and hide. This is not fruitful for engaging the person in alcohol- or other substance-related change and recovery efforts.

Toxic self-stigma is one of the main reasons that individuals experiencing problems associated with alcohol or other substance use might avoid seeking health or mental health care, harm reduction services, and other recovery support. Unfortunately, there exists considerable evidence that self-stigma and feeling disparaged or stigmatized by others (including professionals to whom they turn for help) has a deterrent effect on help-seeking behavior.

Individuals who encounter or perceive stigma from their health care and other service providers are less likely to complete treatment for their substance-related concerns and tend to withdraw from services prematurely. Simply ***anticipating*** that stigma will be encountered inhibits a person's willingness to risk the stress of yet another (anticipated) stigma experience. The associated loss of self-respect and believing oneself unworthy of care can result in the "Why Try?" phenomenon related to engaging in health care and recovery support efforts.

> **When my daughter left to go to her last treatment facility, she looked at me with tears in her eyes and said 'Mom, I'm going to go and really try because I hate what I'm doing to you, but in all honesty what's the point? Everyone is always going to look at me as the black sheep in the family, I'm always going to be that drug addict.**
>
> *- Anonymous*

We can counter self-stigma with positive messages and communicating respect for the person still being a person. Consider this exchange with a woman preparing to reenter the community after serving a jail sentence for drug-related offenses:

Ms. T was literally, physically hanging her head in shame, blaming and berating herself for the mistakes she had made with her children during the period when she was using drugs. I asked: "Do you learn from your mistakes?" She stopped, stared at me, and asked, "What do you mean?" I repeated the simple question: "Do you learn from your mistakes?" After a long pause while she considered the question, her whole posture straightened up. She lifted her head, looked me in the eye, nodded, and said, "Yes, I guess I do."

That was all it took – a positive affirmation of her capacity for change. She accepted responsibility for becoming a better mother. Blame and shame left her no solutions for moving forward – she could not undo the past. But, seeing herself as someone who learns from past mistakes helped her recognize what she could do moving forward. The new outside message became the new inside.

(see Ashford et al, 2018, 2019a, 2019b; Benz et al, 2019; Birtel et al, 2017; Bronfenbrenner, 1995; Camlin et al, 2017; Can & Tanniverti, 2015; Clement et al, 2015; Corrigan et al, 2016; Goffman, 1963, p. 3; Gutierrez et al, 2020; Hammarlund et al, 2018; Kulesza et al, 2017; Moore et al, 2020; O'Shay-Wallace, 2020; Tuliao & Holyoak, 2020; van Boekel et al, 2013; Wakeman, 2019)

LEARNING ACTIVITY #6

Skills for Addressing Self-Stigma

One skill that can help address a person's self-stigma comes from the spirit of Motivational Interviewing (MI) — an evidence-supported approach to screening, assessing, and intervening around a person's alcohol or other substance use/use disorder, as well as helping to address a person's natural ambivalence about changing their behavior. One core motivational interviewing skill, delivering affirmations, can help address a person's self-stigma and promote behavior change involves delivering affirmations.

Affirmations communicate awareness of a person's strengths in a situation that seems fraught with negativity. First, we list strengths, identify how the person expresses each strength, and identify how each strength helps the person. Next, we create and deliver an affirmation statement.

Here is an example

Ray regularly attends scheduled appointments for evaluating and refilling prescription medication to treat his alcohol use disorder. In this appointment he indicates that he has not been taking the medication every day because he doesn't like some of the side effects it produces. On the days that he does not take the medication he experiences heightened cravings and sometimes does have one drink — never more than one. He tells you that he is "just a weak-willed loser," that drink is stronger than he will ever be, and that he can't imagine a forever future without alcohol.

STRENGTHS:

Ray regularly attends appointments, is taking medication most days, and is aware of the future.

SAMPLE AFFIRMATION:

"You are strong enough to come to your appointments and reliably take your medication most days, you show an ability to limit yourself to one drink per day, and it seems that a healthy future matters to you."

Practice Activity

Consider the following scenario. First identify Trudy's strengths, then craft an affirmation response (format and content adapted from Rosengren, 2009, pp. 79-84).

Trudy smokes at least one pack of cigarettes per day, aware that it is bad for her health and creates smoke exposure for others. She feels irritated and angry with her daughter refusing to allow her grandbaby to visit, and her son complaining it is affecting him as an athlete. She feels guilty and knows she should quit. She "hates herself" for "being a smoker" but figures she will die of lung cancer anyway. The longest she has ever been able to quit was each time she was pregnant with her daughter and son; each time she "fell back into it" as the stress of life and caring for babies got to be too much for her.

STRENGTHS (A SUMMARY):

AFFIRMATION (A "YOU" STATEMENT):

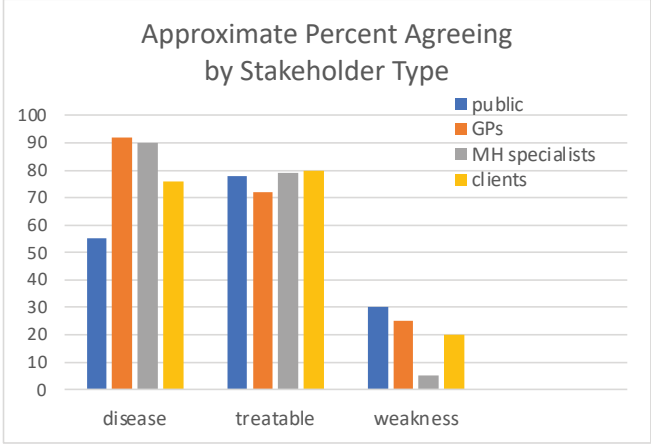
** Third-hand smoke refers to residue on surfaces in areas where smoking occurs (house or car), such as upholstery, carpeting, hair, clothing, and skin; of particular concern for infants and young children who inhale the residue when coming into close contact with these surfaces (see Begun, Barnhart, Gregoire, & Shepherd, 2014).*

The purpose of this activity is to practice delivering affirmation statements.

PROFESSIONALS' OPINIONS

As professionals, we also are members of our communities and the general public. We, too, may hold stigmatizing personal and professional beliefs, values, and histories that have a tendency to spill over into our professional practices. This graph depicts results of a study comparing three belief systems held by the general public, general practitioners, mental health specialists, and clients concerning substance use disorders: (1) belief in a disease model, (2) believing that substance use disorders are treatable, and (3) that substance use disorders are the result of an individual's weakness or moral failure.

Although the professionals generally agreed that substance use disorder is a disease, depending on their area of practice, too many believed the weakness/ moral failure model of substance use disorder. Additionally, at least 20% did not accept that substance use disorders are treatable.



(adapted from van Boekel, 2015, p. 544)

Unfortunately, an individual experiencing substance use disorder might engage with multiple professionals who share stigmatizing beliefs and engage in stigmatizing practices. These practitioners may communicate mistrust of the person, perceive the person as a "difficult" patient or client, believe it is a "waste of time" to provide services, or believe that the person cannot change (lacking a belief that recovery happens). Interactions may be characterized by:

- discrediting what the person tells them
- labeling the person
- stereotyping
- discrimination
- unequal power dynamics in the relationship (rather than collaboration)

Fortunately, studies demonstrate that these attitudes and behaviors are effectively changed with evidence-supported training and education, and that professionals having the most contact with members of this population held the most positive attitudes.

(see Chang et al, 2015; van Boekel et al, 2013, 2015)

Professional Opinions

Revisit your responses to Learning Activity #1 with the following questions in mind for each of your prior responses:

A **How has your understanding, thinking, or curiosity begun to change as you progress through this workbook?**

B **What influences from your past and present do you believe have shaped your own personal and professional responses to the questions:**

- M is responsible for their substance use problems?
- M is capable of making competent treatment decisions and choices?
- The judge should increase the severity of consequences for any further substance use?
- With proper treatment, M could be a valuable worker/employee?

C **How can you become a positive influencer in your personal and professional communities related to someone like M:**

- being responsible for their alcohol or other substance use problems?
- being capable of making competent treatment decisions and choices?
- the judge should increase the severity of consequences for any further substance use?
- with proper treatment, they could be a valuable worker/employee?

> **Staff members couldn't see me as a mother, wife, and friend. I was just another alcoholic that didn't deserve to take up one of their spaces. I made the choice to drink myself half to death — that's how I felt they viewed me. If only they knew me and my story, maybe they would've treated me differently.**
>
> *- Anonymous*

The purpose of this activity is to reflect on our own stigmatizing practices and possibilities for changing the stigmatizing practices identified in our workplaces.

FAMILY EXPERIENCES WITH STIGMA

What about stigma as experienced by family members?

Family members often share an individual's stigma — sometimes referred to as courtesy stigma or associative stigma. They, too, may be subjected to a loss of respect, blame, shame, pity, criticism, unwelcome advice, or suspicion that they are in some way contaminated. Not only do family members experience public stigma, but they, too, may assume aspects of self-stigma and self-blame.

Extended family members may stress that "it didn't come from ***OUR*** side of the family." Or someone they know might launch into statements like: "If it was ***MY*** _____(kid or partner or parent), I would _____," filling in the blank with any number of hurtful statements. Family members may hear other people saying insensitive things or making jokes about the person they love. Others may "diagnose" them as being codependent or blame them as enablers. These are two highly stigmatizing, hurtful, and unhelpful labels poorly supported by a scientific evidence base. Family members may at times feel pressured to make difficult choices between the individual's well-being versus the well-being of the family as a whole. Ambivalence surrounding these difficult choices may make family members seem inconsistent as they try to navigate a tortuous path between "rocks and hard places."

Stigmatization of families supporting an adult member with substance misuse is common and undermines their capacity to support the person and maintain their own well-being.

In reaction to stigma experiences, family members may:

- **become cut off from extended family and friends**
- **engage in secrecy about their family situation**
- **avoid contact with others (specifically, those who show a lack of knowledge and empathy or express judgmental attitudes)**
- **avoid anticipated stigma situations**
- **hesitate to seek help because of their own experiences with toxic stigma**

Together, these reactions further the family's sense of isolation. One family member described the experience as "feeling like a pariah."

Practitioners Can Make a Difference

Health care and service providers can help by developing awareness of ways that family members experience stigma and how stigmatizing experiences might affect their well-being and their participation in supporting a family member's recovery efforts. We can help family members learn to challenge misconceptions about alcohol and other substance use, challenge public stigma and stereotypes, and challenge their own self- stigma. For families to do this requires a great deal of knowledge, advocacy skills, support, respect, and courage that, as professionals, we can help them develop.

Stigma and Family Disclosure

Especially needed is courage, as advocacy activities may require disclosure and the potential risk of additional stigma encounters. Different family members may disagree about what to or not to disclose to others. Disclosure of alcohol or other substance use by pregnant women and by parents of young children is a particularly sensitive concern, one with legal ramifications. As is true of individuals experiencing alcohol or other substance use disorder, perceived or anticipated stigma is a major reason why family members avoid disclosure and may not receive the kinds of services that might be supportive of them.

Note that it is very important to remind every individual family member that self-disclosure is also family disclosure — telling others about your own experience with a family member's alcohol or other substance use is also disclosing about them and your other family members. They need to be thoughtful about what they choose to disclose within different contexts — they may not have other family members' consent to disclosure and individual family members are all part of a connected whole.

Disclosure Reactions

The reactions to disclosure that individuals and family members experience may have a considerable psychological and behavioral impact — whether the responses from family, friends, community members, and professionals to their disclosures are characterized as stigmatized or as social support matters a great deal. Here are examples of both from individuals and family members:

STIGMA RESPONSES

They treat you differently

People are going to talk

I'll be judged for doing something wrong that made my child that way

SOCIAL SUPPORT RESPONSES

My friends changed their lifestyles to benefit me

People encouraged me to attend treatment

My friends are good at telling me I'm doing the right thing for my child, they comfort me

> **There are some people you can talk with, some people you can't.**
>
> *- Anonymous*

Language Use and Families

We started this workbook with a look into the way alcohol- and other substance-related language use affects individuals. Family members of a person experiencing an alcohol or other substance use disorder encounter many examples of stigmatizing and hurtful language. The Addictionary® helps us understand stigmatizing language related to substance use and addiction. Not only does it provide a large glossary of frequently encountered substance-related terminology, but it also places "stigma alerts" where relevant and explains why using a specific term might be stigmatizing or problematic.
For example, the Addictionary® places a "stigma alert" on the word co-dependency.

CO-DEPENDENCY

(stigma alert) Immoderate emotional or psychological reliance on a partner. Often used with regard to a partner requiring support due to an illness or disease (e.g. substance use disorder).

The term has been viewed as stigmatizing as it tends to pathologize family members' concern and care for their loved one and may increase their shame.

A label like co-dependent provokes shame, promotes blame, and ignores the reality of family experience — including that some family members actually may be physically, economically, legally, or otherwise situationally reliant on that person.

For similar reasons, the term enabling is accompanied by a "stigma alert" in the Addictionary®

The enabling concept ignores and pathologizes much of what we know about family systems and their efforts to adapt to complicated, challenging situations.

ENABLING

(stigma alert) Actions that typically involve removing or diminishing the naturally occurring negative consequences resulting from substance use, increasing the likelihood of disease progression. The term has a stigma alert, due to the inference of judgement and blame typically of the concerned loved-one.

In short, we can have a positive impact on individuals, families, our communities and the broader culture when we advocate for change in alcohol- and other substance-related language use.

(see https://www.recoveryanswers.org/addiction-ary/)

Safe Disclosure

LEARNING ACTIVITY #8

Consider the quote:
"There are some people you can talk with, some people you can't."

1. Identify what there is about you and your professional practices that might make it feel "safe" and "comfortable" for an individual or their family members to share their facts, experiences, and story about alcohol or other substance use with you.

2. Identify what there is about you and your professional practices that might make it feel "unsafe" and "uncomfortable" for an individual or their family members to share their facts, experiences, and story about alcohol or other substance use with you.

3. Identify changes you might actively facilitate or implement that would make it more "safe" and "comfortable" for them to share their facts, experiences, and story about alcohol or other substance use.

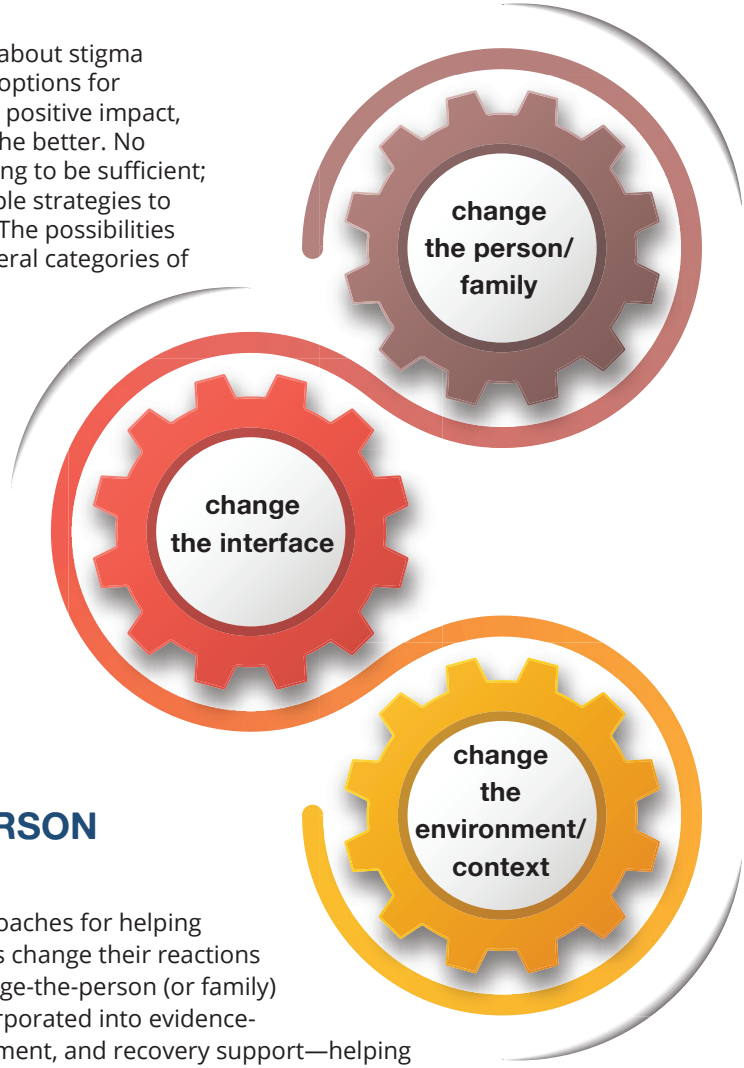
"Safe" & "Comfortable"	"Unsafe" & "Uncomfortable"

What I can do:

The purpose of this activity is to develop awareness and an action plan to promote a safe and comfortable context for individuals and family members to work with you.

MAKING A DIFFERENCE:
ADDRESSING SUBSTANCE-RELATED STIGMA

Where does what we know about stigma leave us? We have multiple options for addressing stigma, having a positive impact, and promoting change for the better. No single approach alone is going to be sufficient; we need to engage in multiple strategies to effect the desired changes. The possibilities generally fall into three general categories of approaches or strategies.



CHANGE THE PERSON OR FAMILY

We can enlist a host of approaches for helping individuals and their families change their reactions to stigma experiences. Change-the-person (or family) interventions are often incorporated into evidence-supported counseling, treatment, and recovery support—helping change self-stigma and responses to stigma experiences surrounding alcohol or other substance use and related concerns.

For example, Cognitive Behavioral Therapy (CBT) interventions and Coping Skills Training (CST) are ideal venues for helping a person change self-stigma, their anticipation of stigma, how they perceive stigma from others, self-stigma narratives, and how they respond to stigma experiences.

Other therapeutic interventions may help individuals develop counter-narratives to the stigmatizing messages and stereotypes they face or may have incorporated into self-stigma. An interesting study of individuals in recovery from an alcohol use

disorder led to observations about their personal narratives. When their personal narratives contained elements of self-redemption and overcoming stigma, the individuals were almost twice as likely to be comfortably in recovery, rather than struggling with recovery, when compared to personal narratives that were non-redemptive. It is unclear which came first — the self-redemption or the comfort in recovery — but their being associated with each other seems important.

A unique music therapy intervention engaged individuals in detoxification care to write blues music song lyrics addressing their stigma experiences. The data showed no statistically significant differences in participants' perceived stigma and social support compared to participants who did not write the music. However, the therapeutic use of songwriting offered a creative clinical opportunity for individuals to explore the impact of stigma and social support in their lives.

My Daughter

Oh no, I worried, what did do I wrong as a parent to visit this plague on my daughter? Will people look at our family now and think we are freaks? Perhaps, they will. But, such onlookers should know my daughter is not different just because she has been labeled.

She's still the same kid who loves brussels sprouts and field hockey and beating the stuffing out of her dad at Boggle. Still the same kid afraid of tornados and houses on fire and going to sleep without telling her parents how much she loves them.

What is a label but a way of making simple the complicated life she is living? What is a label but a way of saying you are not the only person who is going through what you are going through and there are things, proven things, we can do to help.

All the label says is, Kid, there are others like you.

Kid you're going to be okay.

(see Begun, 2016, 2019; Dunlop & Tracy, 2013; Gutierrez et al, 2020; Silverman, 2020)

CHANGE THE ENVIRONMENT

We can serve as agents of change in the social contexts and environments where individuals and families may experience stigma — neighborhoods, work or school settings, social and support networks, health care and other service delivery systems, mass media, social media and policies that impact recovery support and quality of life.

#1.

CHANGE LANGUAGE USE TO CHANGE CULTURE

Repeatedly in this workbook we addressed thoughtful, respectful use of alcohol- and other substance-related language. Changing stigma and the environment begins with our efforts to address stigmatizing language use wherever we might encounter it, personally or professionally, in our day-to-day contexts. Providers, professionals, clinicians, lawyers, and students, as well as individuals in recovery from alcohol or other substance use disorders all have a role to play in educating others and changing deep-seated attitudes surrounding alcohol and other substance use. To make a change, we all need to be educated and consciously think about "the positive or negative spells we cast" with our word choices and other behaviors related to a person's alcohol or other substance use.

> **My condition is seldom referred to as substance misuse. "Crackhead" and "dope fiend" sound much closer to my reference. The connotation is MUCH harsher than substance misuse and it is my intention to reach those who constantly and consistently think in those stigmatizing terms.**
>
> - Anonymous

As positive examples, since about 2013, professional journal editors and organizations have begun advocating for non-stigmatizing language related to substance use and substance use disorders. The White House Office of National Drug Control Policy (ONDCP) published a 2017 memorandum advocating for a shift in all federal departments and agencies to promote use of non-stigmatizing substance-related language. We need to pay attention to what appears in our clinical records, charting practices, and other forms of professional communication.

#2.

CHANGING CULTURE THROUGH EDUCATION.

We can change social contexts and the environment by challenging the messaging and media portrayals that contribute to persistent stigma and stereotypes. Challenging stigma through public and professional education is a potentially powerful environmental change strategy.

Evidence indicates that social work, nursing, medical, and other professional students enter their training with pre-existing beliefs, stereotypes, and

attitudes about individuals who engage in alcohol or other substance use, their families, and their prospects for treatment and recovery. Many of their beliefs and stereotypes may need to be unlearned and reshaped through education.

For example, training workshops in one study were shown to contribute to the professionals':

- increased awareness of substance-related stigma,
- greater comfort in discussing harm reduction and substance use with clients/patients,
- increased awareness of organizational strategies to reduce stigma, and
- becoming motivated to engage in best de-stigmatizing practices when prepared to do so.

> **Healthcare professionals treating substance use disorders need to be educated on what to say and how to say it, or they'll drive people away. We can do better.**
>
> *- Anonymous*

CHANGE THE INTERFACE

As a third option, consider strategies that address the interfaces between person and environment. Therapeutic citizenship is an anti-stereotype model that changes individuals and their environments. It involves acting as advocates for change in the environment, serving as positive representatives of a stigmatized group, and challenging stereotypical, stigmatizing beliefs and attitudes from the strength of a positive example. Engaging in therapeutic citizenship can:

- ✓ help a person internalize a recovery identity and families internalize a strengths identity
- ✓ support a person and their family in reframing their past as a source of empowerment and meaning
- ✓ provide a person and their family with social network-building opportunities within a recovery community.

> **... engaging in recovery related advocacy offers a multitude of potential benefits and positive impacts.**
>
> *- Anonymous*

Individuals and families flourishing in recovery pose a challenge to stigmatized stereotypes with real-life examples of their opposites. Stigmatized responses are replaced with respect and dignity; alcohol and other substance use disorders become viewed as treatable and from which recovery can happen. Evidence exists that media portrayal of persons succeeding in recovery and of alcohol or other substance use disorders as treatable represents a promising strategy for reducing stigma and discrimination, as well as improving perceptions of treatment effectiveness.

An example of therapeutic citizenship in action is the MARS (Medication Assisted Recovery Services) project — a peer-based group sponsored by the National Alliance for Medication Assisted (NAMA) Recovery. Among other recovery support services, MARS delivers public education to dispel stigma concerning buprenorphine and methadone treatment with the aim of improving treatment outcomes. MARS hosts peer leader training and mentoring, including a certification exam for individuals to become certified as medication assisted treatment advocates.

Stop Stigma Now is a NAMA Recovery sponsored group aiming to create a focused national public relationship and marketing campaign for educating professionals, policy makers, families, the criminal justice system, and the general public about medications available to treat addiction, with the goal of ending social stigma surrounding this treatment approach.

Not only are there ways that therapeutic citizenship can help change a person (or family), it also helps change their environments and the ways that individuals interface with their contexts. As professionals, we want to ensure that these individuals are well supported and provided with the skills necessary to succeed in therapeutic citizenship activities — we want to avoid their being exploited as change agents. For example, it is important that therapeutic citizenship and advocacy activities not interfere with engaging in self-care, and that any personal costs of engaging in advocacy activitiess not outweigh their benefits.

(see Ashford et al, 2019b; Camlin et al, 2017; https://marsproject.org/; http://www.stopstigmanow.org/)

PEER RECOVERY SUPPORT & ANTI-STEREOTYPES

The potential for an "anti-stereotype" impact of peer recovery support systems is another way the individual-environment interface can be addressed. Aside from plentiful evidence that receiving peer recovery support can have a significant, positive impact on recovery outcomes, exposure to individuals who are flourishing in recovery is a means of challenging prevailing public, professional, and self-stigmatizing stereotypes.

Peer recovery support counselors challenge negative stereotypes about persons experiencing alcohol and other substance use disorders. The negative stereotypes are replaced with real-life examples of their polar opposites and draw a very different response from others — replacing anger, pity, and dread responses with respect and dignity responses.

Peer recovery support counselors portray alcohol and other substance use disorders as treatable, and reinforce the message that recovery happens. This, in turn, may help influence policy that favors recovery support services and impacts quality of life for individuals and their families.

> **Ten years into recovery my daughter expressed that she was glad people at work didn't know about her past substance use because she felt they would treat her differently and she felt good just being normal. One day she came home and said, "Guess what! Everyone at work DID know about my past." She was so happy that they treated her as "normal" and that her past was just a small part of what makes up an amazing person.**
>
> *- Anonymous*

Addressing Language Use in the Real World

LEARNING ACTIVITY #9

Imagine you are at a family dinner. Present at the table is your brother who is in recovery from substance and alcohol use disorder. Note that it is already difficult for your brother to attend family events because of anticipated shame and stigma.

Your uncle, at the head of the table, has a habit of dousing his salad with his favorite dressing. As he's reaching for the bottle, he exclaims, "This dressing is like crack! I'm addicted to it!" You decide to have a conversation with your uncle in private about his casual comments in reference to the salad dressing. The conversation is started for you here — decide how to complete it in a sensitive manner.

I want to chat with you about something you said at dinner...

What was problematic

Why it is problematic

Identify the change goal

Offer alternatives

Summarize & Listen

The purpose of this activity is to practice intervening in a sensitive manner to a "real world" type of encounter with another person's use of substance-related language. We hope to stop being silent bystanders and practice standing up against stigma and misinformation.

SUMMARY

So, what did we address in this workbook?

- ✓ That alcohol and substance use stigma is a common experience for individuals and their families, even when they are engaged in treatment and recovery.
- ✓ That the experience of stigma and self-stigma negatively impacts help-seeking, recovery efforts, and quality of life for individuals and family members.
- ✓ That the language we use can be stigmatizing. We can advocate for non-stigmatizing language use and kindly, respectfully support others in changing to non-stigmatizing language use.
- ✓ We identified strategies and resources for addressing stigma and reducing its negative impact — promoting change with individuals and their families, communities, organizations, institutions, and policies affecting their quality of life.
- ✓ As allies it is important to consider not only how we might inadvertently communicate stigma about alcohol or other substance use disorders, but also our responsibility to advocate for and respect the inherent dignity of individuals and families where risky alcohol or other substance use is involved.

Actions we can take include:

- ✓ Educating professionals, as well as others in the media and the general public, about risky alcohol and other substance use, evidence supported treatment, the fact that treatment works/recovery happens, and the nature of stigma (airing inspirational public service announcements instead of the historical stigmatizing advertising, for example).
- ✓ Using language with care, communicating the personhood of individuals who engage in risky alcohol or other substance use and their family members, and respecting their inherent dignity and personhood.
- ✓ Engaging in leadership and advocacy for change that promotes dignity and respect for individuals and their family members experiencing stigma surrounding risky alcohol or other substance use.
- ✓ And, when we slip up in practicing these new skills, we need also ***to practice forgiveness*** and ***learn from our mistakes***.

(see Zwick et al, 2020; https://drugabuse.com/addiction/stigma/)

LEARNING ACTIVITY #10

Action Plans Activity

This workbook presented ideas that you might adopt or expand upon in your own personal life and community — hopefully, you are also thinking of additional ideas. It is helpful to begin brainstorming an action plan for the near and far future.

Step 1. **Identify the five "best" things you learned from this workbook**

1.

2.

3.

4.

5.

Step 2. **Identify three concrete, specific action steps you can commit to taking for addressing substance-related stigma in your life and community.**

1.

2.

3.

The purpose of this activity is to apply what has been learned to developing concrete "next steps" in making an impact on stigma related to substance use.

GLOSSARY OF TERMS

addiction: a chronic, relapsing, complex brain disorder and mental illness, characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain caused by repeated use of a substance or substances. (see National Institute on Drug Abuse www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics)

affirmations: positive statements that contradict and potentially overpower negative thoughts or self-perceptions

alcohol use disorder: a medical diagnosis meeting specific clinical criteria related to a person's use of alcohol and its consequences (see National Institute on Alcohol Abuse and Alcoholism www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder)

harm reduction: intervention strategies (policies, programs, practices) aimed at reducing likely negative consequences associated with substance use and related behaviors

perceived stigma: a person's beliefs about others' negative attitudes toward them and fears about others' reactions toward them, whether or not this is experienced in actuality

person-first language: language usage that emphasizes personhood rather than applying (stigmatizing) labels, showing respect for the person, describing their experiences or behavior rather than defining them by a disease or disorder

recovery: a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential; overcoming or managing substance use disorder and related symptoms; making healthy choices that support physical and emotional well-being (see store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf)

recovery support: systems of care that promote the recovery process

self-stigma: the result of becoming aware of public stigma toward oneself and adopting or internalizing the stigma, applying it to oneself

stigma: a set of negative, unfair beliefs and attitudes directed toward a group or population sharing a distinguishing characteristic, trait, or experience

substance misuse: unhealthy pattern in use of alcohol and/or other psychoactive substances

substance use disorder: a medical diagnosis meeting clinical criteria related to one's substance use pattern and its consequences (typically the DSM-5 or ICD-11 clinical criteria)

therapeutic citizenship: forms of advocacy, lobbying, and social change activism engaged in by individuals to improve the circumstances of oneself and others like oneself (such as all persons who experience substance use disorder/are in recovery)

toxicology (tox) screen: a chemical test to detect the presence (and possibly amount) of specific substances that a person may have used or to which they may have been exposed

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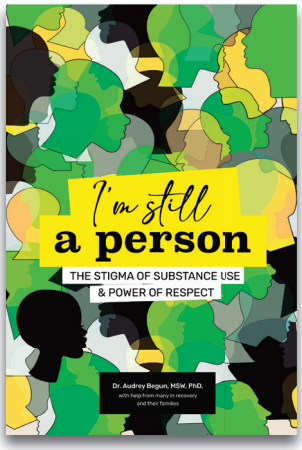
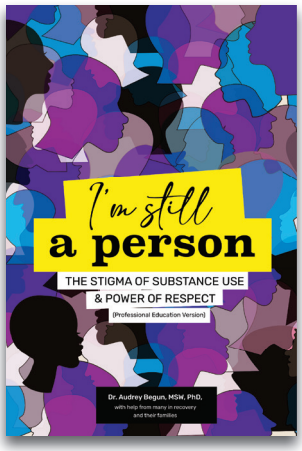
There exist two versions of *I'm Still a Person: The Stigma of Substance Use & Power of Respect* – a General Public Education version and a Professional Education version.



The General Public Education version is appropriate for anyone in the community interested in the topic of stigma related to substance use, including individuals and family members, as well as social work and physical or mental/behavioral health care professionals; people working in criminal justice, court, and child welfare systems; and, people involved with recovery support.

To order additional copies of the Public Education version as a softcover workbook (printing and shipping fees may apply) or to download a printable e-book version, please visit www.FamiliesAgainstNarcotics.org/stigmabook.



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Encouragement and input for the ***I'm Still a Person*** project comes from many individuals in recovery and their families who contributed ideas, suggestions, and quotes used throughout both the Public Education and Professional Education versions.

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