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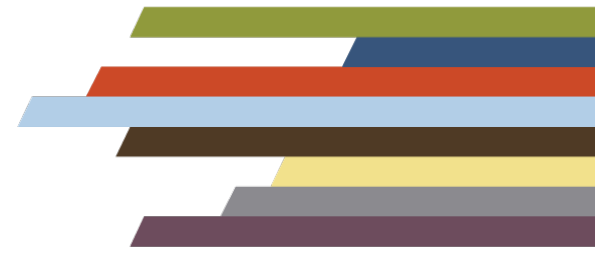
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PERSON FIRST LANGUAGE
A Cultural Approach to Affirming Language and Empowering Wellness

SAMHSA
Substance Abuse and Mental Health
Services Administration

Diana Padilla
April 2022

Certificate of Completion

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SAMHSA Disclaimer

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Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to **develop and strengthen** the **specialized behavioral healthcare and primary healthcare workforce** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.

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10 Regional Centers

HHS Regions

REGION 10
REGION 8
REGION 5
REGION 1
REGION 2
REGION 3
REGION 9
REGION 4
REGION 6
REGION 7

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Virtual Platform Logistics

- Chat box

- Raise your hand

- Muting and unmuting

- Connectivity issues

- Camera visual and participation

Prevention

SUD prevention follow 6 strategies:

1. Information dissemination

2. Prevention education

3. Alternative activities

4. Community-based processes

5. Environmental approaches

6. Screening and referral

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Providers Can Have a Huge Impact

- The stigma felt by many people with addiction/SUDs contributes to marginalization of people suffering from SUDs, creating many barriers to accessing treatment and other healthcare.

- One of the main factors that practitioners can address to decrease stigma is to consider the language they use in their work to describe people with SUDs.

Then and Now

Stigma: Definition and Perspectives

- Stigma is a mark of disgrace associated with a particular circumstance, quality, or person.

- The stigma of substance use disorders comes as no surprise considering very few people understand the disease of addiction.

- People tend to 'know' what they see: the violence, irrational behavior, the change in a person, etc.

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Language

Thought   **Culture**

Types of Stigma

1. Public stigma: negative attitudes and fears that isolate those with addiction.

2. Structural stigma: excluding those with addiction from opportunities and resources.

3. Self-stigma: believing negative stereotypes about oneself.

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Sustaining the Cycle

	Public	Self	Institutional
Stereotypes & Prejudices	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable	I am dangerous, incompetent, to blame	Stereotypes are embodied in laws and other institutions
Discrimination	Therefore, employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care	These thoughts lead to lowered self-esteem and self-efficacy: "Why try? Someone like me is not worthy of good health."	Intended and unintended loss of opportunity

"Sticks and stones may break my bones, but names will never hurt me."

White board

What Do You See?

What are some situations that stigmatize the people you serve?

- Hurtful words and labels, including junkie, loser, thief, druggie, abuser and addict.

- Comments, such as "Once a junkie, always a junkie" or "You're not fit to be a parent."

- Perceptions including: Addiction is a personal choice (when in fact it's a disease); Addiction is a sign of human weakness, or a lack of morals or willpower; Addiction is the result of poor parenting.

- People in recovery with children have experienced other parents unwilling to let their children play at their schoolmate's homes.

- Some communities view addiction as a crime, an act that must be penalized, versus a disease that needs treatment.

- People known to local law enforcement have reported being "profiled."

A Brief Walk Through History

- In Medieval times, people explained mental illness as the work of demons, spirits, or poisons.

- 20th century medicine, **lobotomies** were performed on those who had mental disorders such as schizophrenia, depression, and drug addiction.

- Stigma of addiction began to change some in the 1930s with the founding of Alcoholics Anonymous.

- 1956, the American Medical Association (AMA) officially declared that alcoholism was a disease.

New York's Draconian Rockefeller Drug Laws

- 1973, Rockefeller Drug Laws (RDL) mandated extremely harsh prison terms for possession or sale of relatively small amounts of drugs.

- Waste of lives and taxpayer dollars.

- Extreme racial disparities.

- Distorted the judicial system.

- Preventing diversion to effective Alternative-to-Incarceration programs

Reforming Rockefeller Drug Laws

- New York passed limited reforms of the RDLs, including some sentence reductions, increases in "merit time", and reforms to harsh parole practices.

- Historic conference assembled stakeholders from the community, government and the fields of public health, treatment and criminal justice to explore a public health approach to drug policy.

- 2009, changes in the law including eliminating mandatory sentencing, returning judicial discretion, reforming sentences, expanding treatment and alternatives to incarceration.

Drug Policy Alliance, Background on New York's Draconian Rockefeller Drug Laws

Societal Attributions

- 90% are unwilling to have a person with addiction marry into their family, compared to 59% for a person with mental illness.

- 62% will work with someone who has a mental illness, whereas only 22% will work with someone who with addiction.

- 54% believe landlords should be allowed to deny housing to a person with addiction, compared to only 15% for persons with mental illness.

- 3 in 10 believe that recovery from addiction is impossible.

Barry, C.L., McGinty, E.E., Pescosolido, B.A., & Goldman, H.H. (2014). Stigma, Discrimination, Treatment Effectiveness and Policy Support: Comparing Public Views about Drug Addiction with Mental Illness.

Methadone and the Double Stigma

- There is no better example of double stigma than in the case of Medications for Opioid Use Disorder (previously referred to as MAT.)

- MOUD or MSR has been a controversial subject since the beginning of the use of methadone.

Although these treatments have been shown to cut the fatality rate of opiate use in half, those who use these types of treatments are double stigmatized by both society and the recovery community.

Impact of Stigma

- Increasing shame and isolation from family, friends, and community.

- Preventing people from seeking help.

- Limiting treatment availability.

- Limiting the amount of substance use treatment covered by health insurance.

- Pushing people toward treatment that's not based on science.

- Treating people with an addiction as criminals.

- Creating social and structural barriers to recovery, such as difficulty getting and keeping a job and staying employed.

NSDUH 2019

- Over 21 million Americans were diagnosed with a substance use disorder.

- 1 in 10 individuals with addiction received any form of treatment at a facility.

- 60% of those who perceived a need for treatment made no effort to get treatment.

- Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period.

Skewed Perceptions and Unequal Access

- Instead of addressing addiction as the public health problem that it is, we tend to treat substance use disorders as moral and criminal issues.

- White Americans get treatment more easily and quickly than Black or Hispanics due to decades of discriminatory and racist policies, laws, practices, and beliefs.

- It is important to understand that Black and Hispanic, (Asian, Native Americans, people with disabilities) experience other stigmas than those already mentioned.

Percentage of Adults with Functional Disability Types

13.7%

MOBILITY

Serious difficulty walking or climbing stairs

10.8%

COGNITION

Serious difficulty concentrating, remembering, or making decisions

6.8%

INDEPENDENT LIVING

Difficulty doing errands alone

5.9%

HEARING

Deafness or serious difficulty hearing

4.6%

VISION

Blindness or serious difficulty seeing

3.7%

SELF-CARE

Difficulty dressing or bathing

Among People with Disabilities

- 31% of PWD report fair or poor health in comparison to 6% of the general population.

- Among adults with a disability, 55.2% of Hispanic persons, and 46.6% of African Americans, report fair or poor health, as compared with 36.9% of whites.

- Adults with disabilities are three times more likely to commit suicide than peers without disabilities.

- Three out of five people with serious mental illness die 25 years earlier than other individuals, from preventable, co-occurring chronic disease.

Relation Between Substance Use and Mental Illness

- Stigmatized attitudes and beliefs towards individuals with mental health and substance use disorders are often in the form of social stigma, which is structural within the general public.

- Social stigma, or even the perception that social stigma exists, can become internalized by a person resulting in what is often called self-stigma.

Substance Use, Misuse, Disorder

- Substance Use Disorder (SUD) is defined as a chronic, relapsing brain disease characterized by compulsive drug seeking and use, despite harmful consequences.

- Characterized by craving, excessive use and withdrawal/negative effects.

- Changes the brain's reward regions, leading to tolerance of higher and higher doses and habit formation due to craving responses and withdrawal symptoms.

- The initial decision to take drugs is typically voluntary. People think they can control their use of drugs, but drugs can quickly take over their lives.

- Early initiation of substance use can increase the likelihood of substance use disorder later in life but there are no predictors as to who will meet the criteria.

Stigma Survey

1. **Have you ever felt bad about the way media or other people talk about people with substance use disorders or mental illness?**

   69% of respondents said "Yes," 31% said "No."

2. **What consequences have you experienced from the "stigma" of being a person with mental illness and/or addiction?**

   A majority (over 50%) of participants responded that they have experienced the consequences of shame, blame, anger, social isolation, being a 'black sheep of the family,' a loss of self-worth and hopelessness.

Stigma Survey (continued)

3. What words make you feel bad? Most common responses were:

- Junkie
- Addict, drug addict
- Dope fiend, Pill fiend
- Crackhead
- Disease, brain disease, mental disease

Recovery

- In the early stages of recovery, maintaining sobriety, having a safe place to live, getting or keeping a job, restoring physical health and mending relationships among family and friends all require work and commitment.

- As early recovery becomes long-term recovery, further challenges might include having one's record expunged, completing an education, establishing or owning a residence and paying the bills.

Recovery Oriented Language Approach

https://youtu.be/U26wtQnavwI (1:47)

Cultural Shift

Culture-Related Communication

- Cultural differences in explanatory models of health and illness

- Differences in cultural values

- Cultural differences in patients' preferences for provider/client relationships

- Racism and perceptual biases

- Linguistic barriers

Elements of Effective Engagement

People assume the provider is knowledgeable; what they hope for is a provider who genuinely cares.

People experience a lot of anxiety and vulnerability as a new patient/client to a new provider.

First impressions matter and continuity of care is important to seeking treatment.

Our Language Needs to Be:

- Respectful

- Non-judgmental

- Clear and understandable

- Free of stigmatic jargon

- Consistent with our body language

- Sincere in carrying a sense of commitment, hope and presenting the potential for opportunity

- Strengths-based and affirming

- Culturally and linguistically appropriate

Person Centered Care

- When practitioners do not use person-first language, they may place a barrier between themselves and the person in their care.

- The goal of behavioral health care of substance use disorder treatment is to use a person-centered approach that takes into account all aspects of the patients' lives.

"Words Matter to Reduce Stigma"

Importance of Language

- The language of addiction medicine should be changed to reflect today's greater understanding.

- It will allow people with substance use disorders to more easily regain their self-esteem, and help the public understand that substance use disorders is a medical condition as real as any other.

- Choosing the words we use more carefully is one way we can all make a difference and help decrease the stigma.

Affirming and Supportive

- People are more likely to get treatment and recover when their families, friends, providers, and communities support them without judging them.

- Choose supportive, respectful, and nonjudgmental words that treat people with respect and compassion.

Which Do You Use?

Substance Abuse or Substance Use Disorder?

Does it make a difference which term we use?

A Different Approach in Communication

- Language using a public health approach.

  - **Substance Use,** (SU) refers to the consumption of psychoactive substances

  - **At-risk Substance Use**, refers to consuming at levels resulting in harmful or hazardous consequences.

  - **Substance Use Disorder,** (SUD) meets a diagnostic criteria

- Supportive and affirming language is hopeful, accepting, and respectful.

People First Language

- **People-first language** (**PFL**), is a type of linguistic prescription which puts a person before a diagnosis, describing what a person *"has"* rather than asserting what a person *"is"*.

- **PFL** avoids using labels or adjectives to define someone.

Focus on the Person

- **PFL** emphasizes the individuality, equality and dignity of **people** with disabilities, mental illness, or substance use disorder.

- *For example:* The sentence, "people succeed at work when they have adequate skills and supports," is true whether we are talking about someone who is returning to work after receiving psychosocial or substance use rehabilitation services, or about someone who is lands a first professional job following graduate school.

Letting the Individual Lead

- **Person-first language:** Language that refers to the person first and the identity second. For example: "The writer, who has a bipolar disorder" as opposed to "the disabled writer."

- **Identity-first language:** Language that refers to the person's identity first. For example, "bipolar people". The basic reason behind members of some identity groups' dislike for the application of people-first language to themselves is that they consider their identity to be inseparable parts of who they are.

How We Speak Says Sooo... Much!

- *"I should stop drinking wine after work. It just ends up on my belly as a muffin top."*

- *"I choose to eat better because I want to feel energetic and live a long, healthy life."*

Acknowledging the Person

- Speak or write the person first, then the disability, i.e., Sam is a "person with a disability," or "Sheila is visually impaired…"

- Emphasize abilities or accomplishments, not limitations.

- When communicating about a group, "individuals with disabilities.."

- Allow and expect that individuals with disabilities will speak for themselves.

- Be careful not to idealize people who have disabilities as being brave simply because they have a disability.

Question #1

A co-worker routinely uses 'retarded' to describe several students. Why is this not people-first language?

1. It is an old word with negative connotations that reduces the person to a disability.

2. It is the traditional term used to describe someone who is slow.

3. It is commonly used in France.

4. The term is a great example of people-first language.

Chat Box Activity

- Disabled person _____?

- The mentally retarded _____?

- Wheelchair bound _____?

- The epileptic _____?

- Schizophrenic _____?

Question #2

Which phrase is NOT an example of people-first language?

1. A person who uses a wheelchair

2. A person with muscular dystrophy

3. A person who is on the autism spectrum

4. Handi-capable

https://youtu.be/DWaOsPiv-gw (3:20)

Non-stigmatizing Language Resources

The resources listed here include recommended alternative language:

- Addiction Policy Forum: Language Matters
- Addiction Policy Forum: Five Addiction Terms to Stop Using
- Mid-America ATTC: Language Matters: Using Affirming Language
- National Institute on Drug Abuse: Words Matter
- National Public Radio: Why We Should Say Someone is a 'Person With an Addiction,' Not An Addict
- Recovery Research Institute Addictionary
- Prevention Solutions at EDC: Words Matter: How Language Choice Can Reduce Stigma
- Shatterproof: Stigma-Addiction Language Guide

Non Stigmatizing Language, https://pttcnetwork.org/centers/great-lakes-pttc/non-stigmatizing-language

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Contact and Survey

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If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: https://ttc-gpra.org/P?s=200030

Don't worry if you can't – an email with the link will be sent to you tomorrow, along with a copy of the slides.

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