



What is Stigma?

- Stigma is the combination of a label and a stereotype generalized to a group of people without regard to their individuality
- Substance use disorders are one of the most stigmatized conditions in the world
- Impacts public support and opinion, and can be internalized by an individual

“Reducing a person to nothing more than their difficulties is one of the most damaging and dehumanizing forms of language. It denies the existence of any facet of the person, any relevant roles or characteristics, other than their diagnosis.” (Perkins & Repper, 2001)

Stigma



Discrimination



Types of Stigma

- **Self Stigma** characterized by negative feelings about one's self
- **Social Stigma** characterized by groups boosting stereotypes of stigmatized people
- **Structural Stigma** policies that place restrictions on rights or opportunities

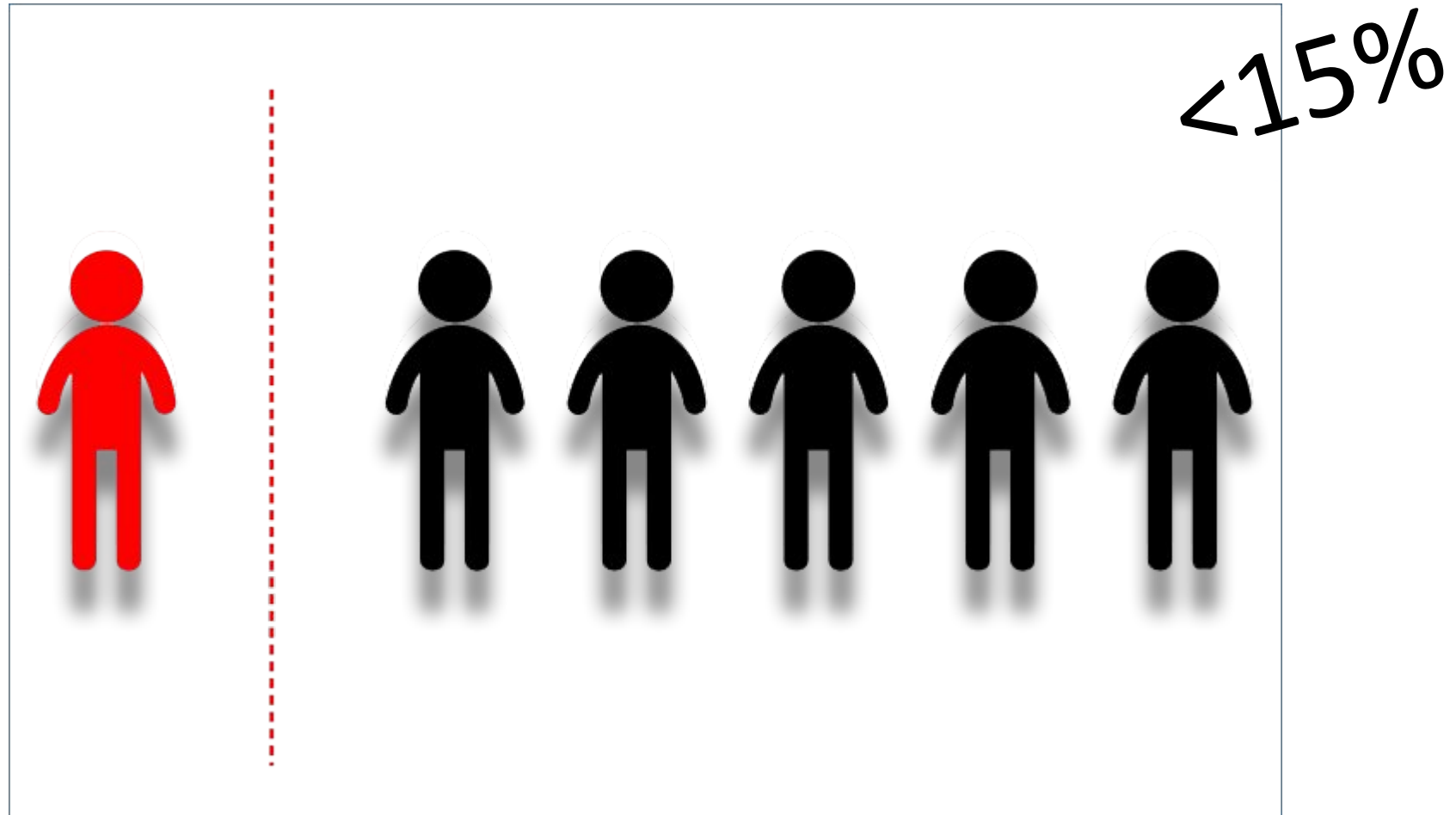


What is Discrimination?

- Discrimination is the actual manifestation of actions that people take when they believe a stereotype and then associate the label with others (i.e., stigmatize them)
- Examples of discrimination against those with SUD/living in recovery:
 - Denial of housing and employment
 - Bullying and/or harassment
 - A condition, rule, or policy disproportionately impacts only certain individuals



Impact of Stigma



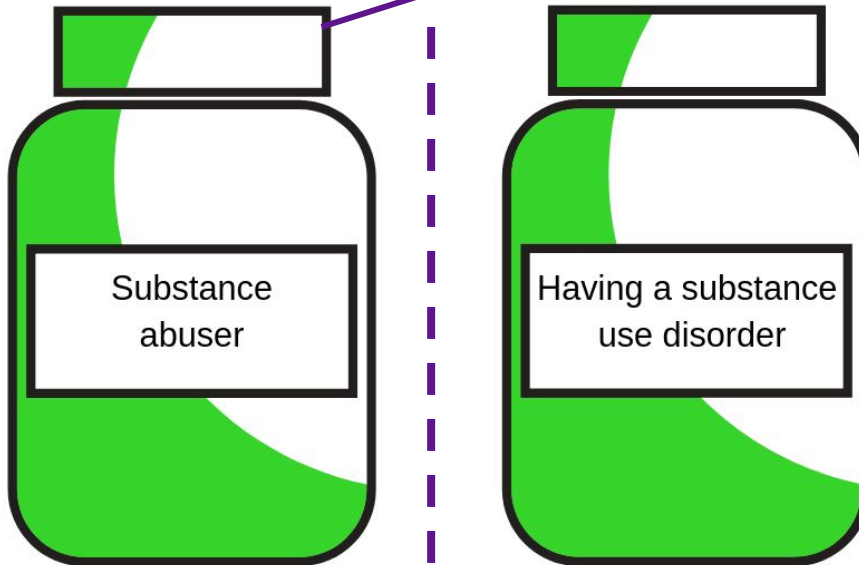
(Source: Dianova, Consequences of Addiction Stigma, 2018)



Stigma Example

International Journal of Drug Policy
(2010)

- Two people “actively using drugs and alcohol”



“Substance abuser”

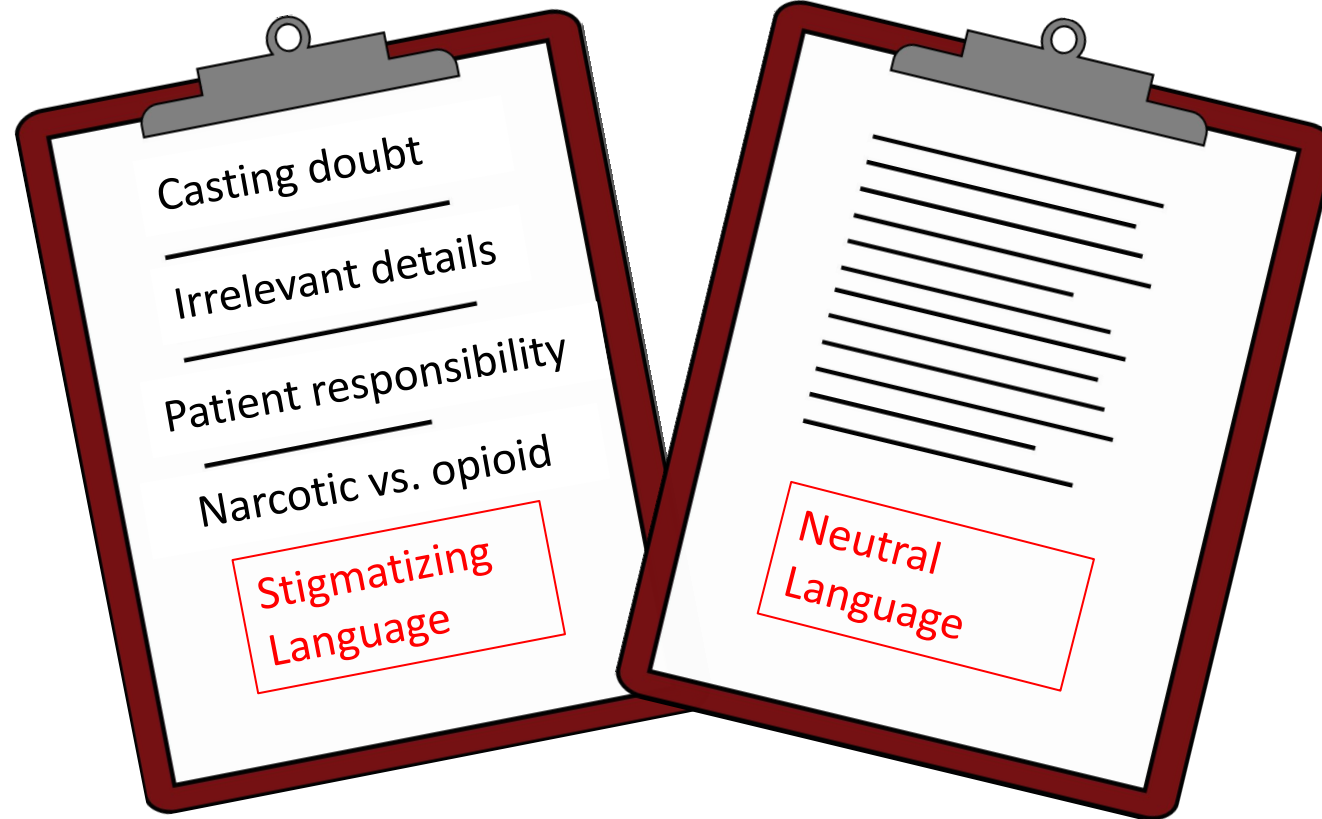
- Personally responsible for condition
- Punitive measures should be taken
- Violence towards self and others
- Solution moral vs. medical

Overall, items associated with this subscale appear to convey internal causal attribution and personal culpability, a moral vs. medical solution, suggesting the character has volitional control and might be viewed as a “perpetrator” who is willfully engaging in the behavior and thus more deserving of punishment.”



Language Matters: Study 2

**Journal of General Internal Medicine
(2018)**

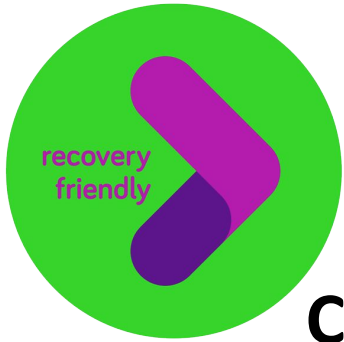


Results

For the patient described with stigmatizing language:

- Attitudes
 - ☐ More negative
- Pain Management
 - ☐ Less aggressive

“Attention to the language used in medical records may help to promote patient-centered care and to reduce healthcare disparities for stigmatized populations.”



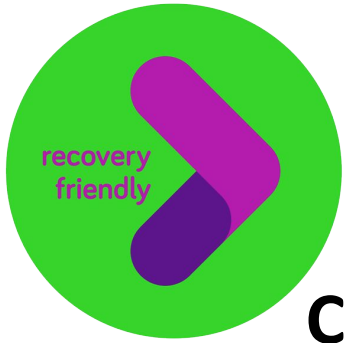
Language Matters

Consider using this language

- Person with a substance use disorder
 - Person with an alcohol use disorder
- Person in recovery
- Person living with an addiction
- Person arrested for a drug violation
- Person with a felony
- Choose not to at this point
- Medication is a form of treatment
- Had a recurrence of substance use
- Maintained recovery
- Positive/negative drug screen
- Substance use/misuse

Instead of this language

- Addict, junkie, druggie
 - Alcoholic
- Ex-addict
- Battling/suffering from an addiction
- Drug offender
- Felon
- Non-compliant
- Medication is a crutch
- Relapsed
- Stayed clean
- Dirty/clean drug screen
- Substance abuse



Language Matters

Consider using this language

- Person living with a mental health challenge or use the diagnosis if the person prefers that language (e.g., major depressive disorder)
- Person living with a mental health challenge/ trauma
- Person living with depression / schizophrenia
- Person living with bipolar disorder
- Mental health challenge or crisis
- Substance use challenge or crisis
- Died by suicide or lost to suicide
- Attempted suicide

Instead of this language

- Mentally ill
- Crazy/ insane/ disturbed
- Depressed/ schizophrenic
- Manic-depressive
- Mental illness
- Drug/ alcohol abuse
- Committed suicide
- Failed suicide

<https://www.mentalhealthfirstaid.org/2022/04/use-person-first-language-to-reduce-stigma/>



Language Matters

Recovery Dialects
The words we use matter.

Positive	Negative
Person who uses substances	Substance Abuser
Recurrence of Use	Relapse
Pharmacotherapy	Medication-Assisted Treatment
Accidental Drug Poisoning	Overdose
Person with a Substance Use Disorder	Addict
	Alcoholic
	Opioid Addict

While some negative language is okay to use in mutual aid meetings, its use should be avoided in public, when advocating and in journalism.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.



What we each can do

- Pay attention to the words we use.
- Speak up when we see or hear stigmatizing actions and language.
- Model anti-stigma behavior by
 - offering compassionate support.
 - displaying kindness to people in vulnerable situations.
 - listening while withholding judgment.
 - seeing a person for who they are, not what drugs they use/ what illness they have.
- Do our research; learn about mental health and substance use disorder, treatment and recovery.
- Replacing negative attitudes with evidence-based facts



Strategies to Reduce Stigma

Awareness raising activities

Literacy/ education programs

Social Contact

Protest and Advocacy

Legislative and Policy Change



Tying It All Together

The Power of Addiction

- Gabor Maté, Canadian Physician

Questions:

- What is your biggest takeaway?
- Do you think the view of SUDs presented here could change how those with SUDs are treated? Why or why not?
- What do you think could help reduce stigma and improve supports for those with SUDs/co-occurring disorders at your workplace?



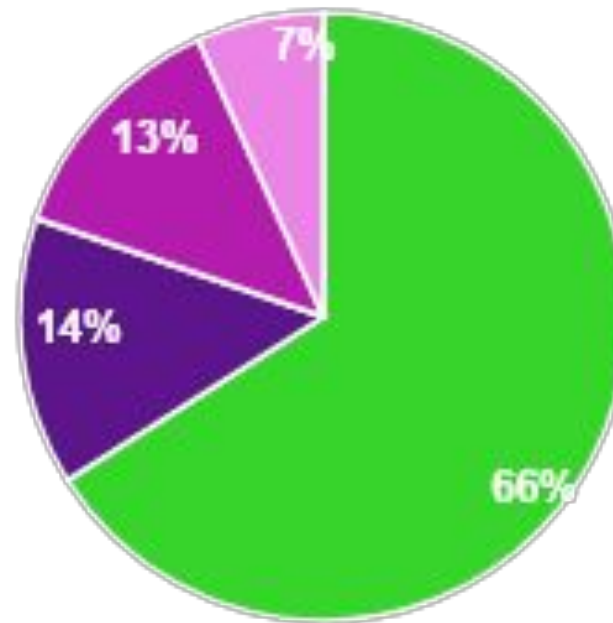
Substance Use Disorder, Stigma, & Discrimination



The Cost of Substance Misuse in NH

Summary of Annual Costs of Substance Misuse in NH
(Not Including the Cost of Premature Death)

\$2.36 billion total



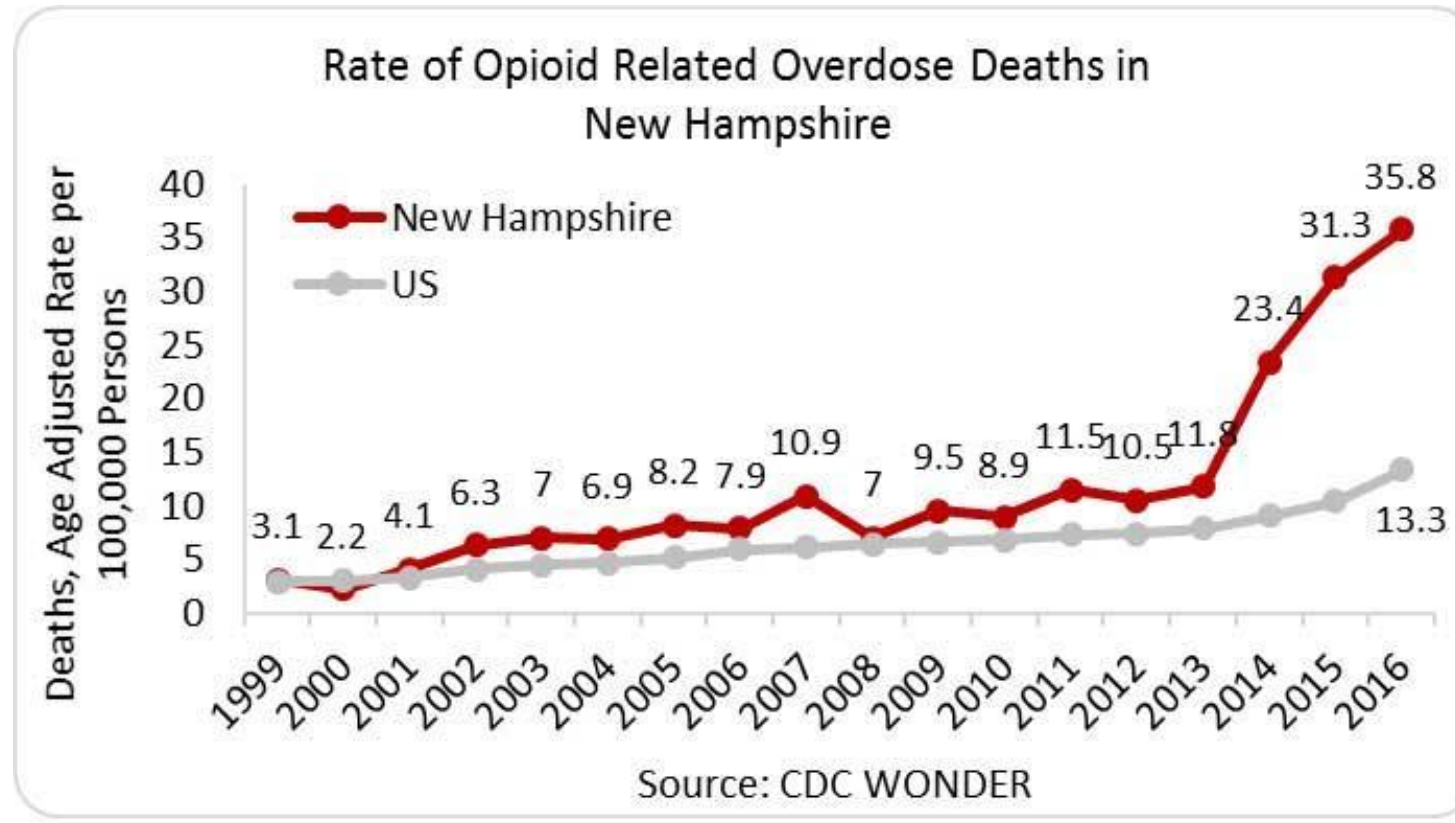
~\$1.6 billion lost in productivity

■ Productivity ■ Medical Care ■ Policing & Criminal Justice ■ Other

(Figure adapted from PolEcon Research, 2017)



Opioids in New Hampshire

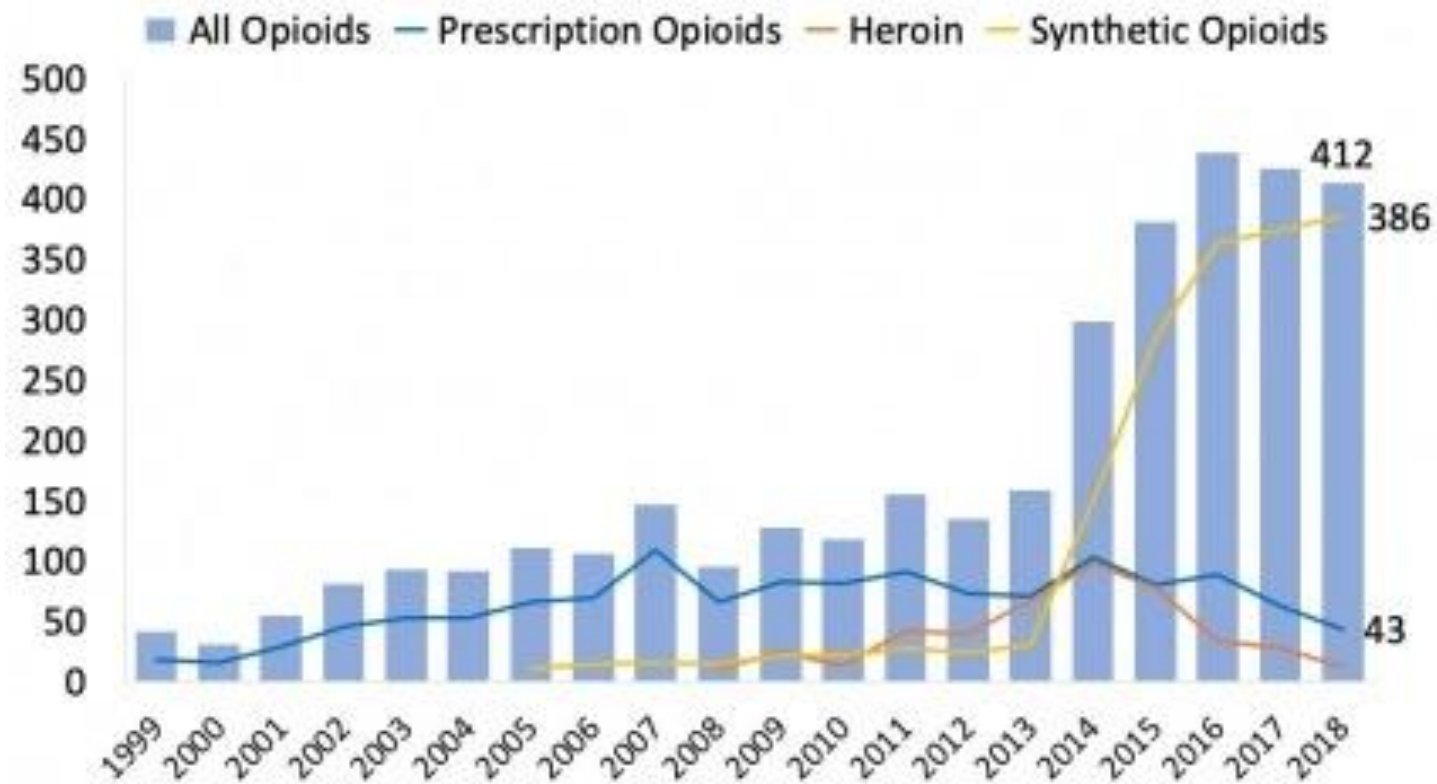


(Source: National Institute on Drug Abuse, 2018)



Opioids In New Hampshire, Continued

Number of overdose deaths involving opioids in New Hampshire, by opioid category



Note: Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance. Source: CDC WONDER.

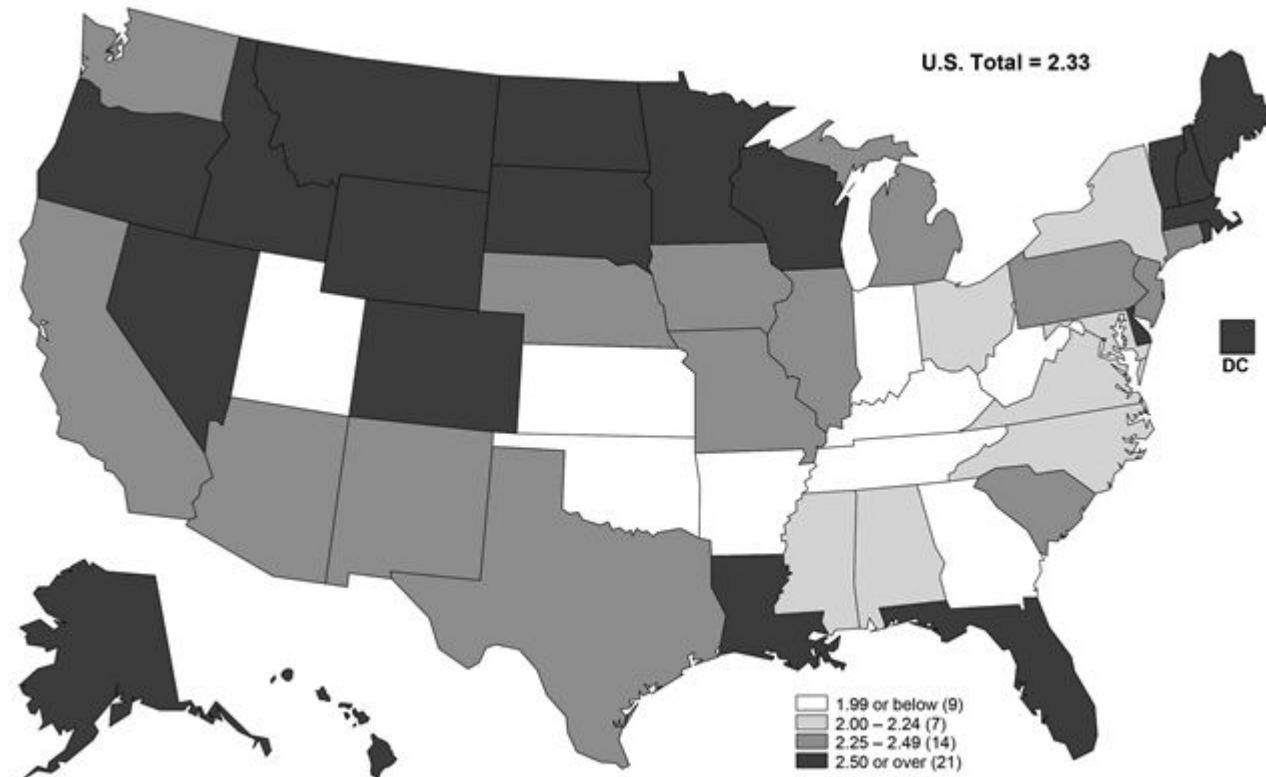
recoveryfriendlyworkplace.com

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Alcohol Use in New Hampshire

Total per capita consumption of gallons of ethanol by State, 2012



(Source: National Institute on Alcohol Abuse and Alcoholism, 2014)



What are Substance Use Disorders (SUD)?

The American Society of Addiction medicine adopted the following definition of addiction (e.g., severe substance use disorder) in 2019:

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.”

They also note, “Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.”

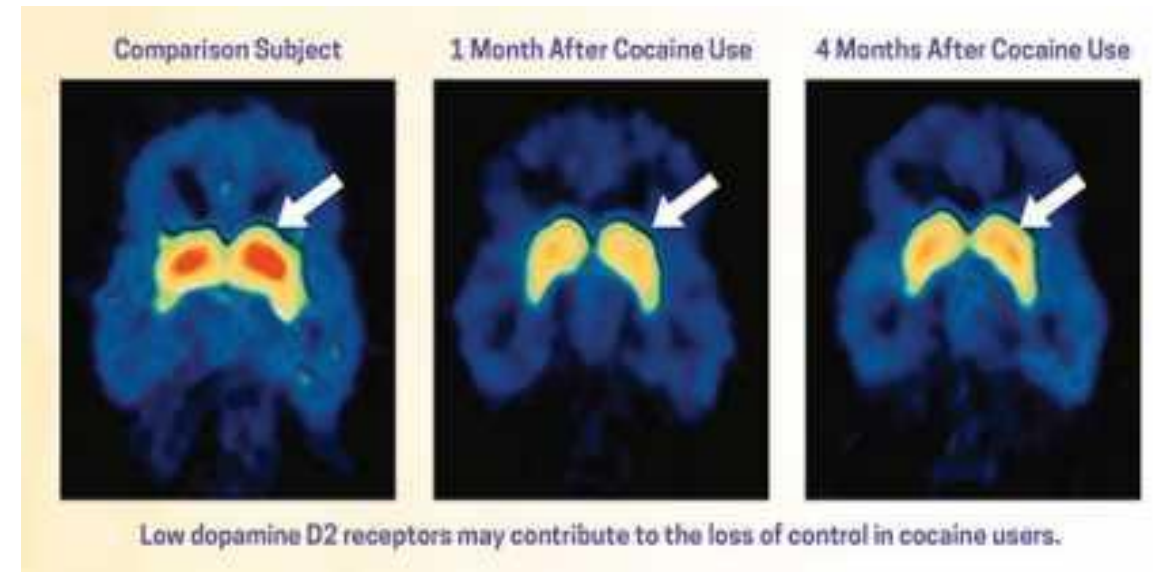
Raj Mehta: “The main symptom of addiction is the inability to get high successfully.”



History of Our Understanding of SUD

- 1956 – Alcoholism as an illness
- 1987 – Addiction as a disease with the understanding that it:
 - Is a chronic brain disorder
 - Interferes with relationships/work
 - Falls on a continuum

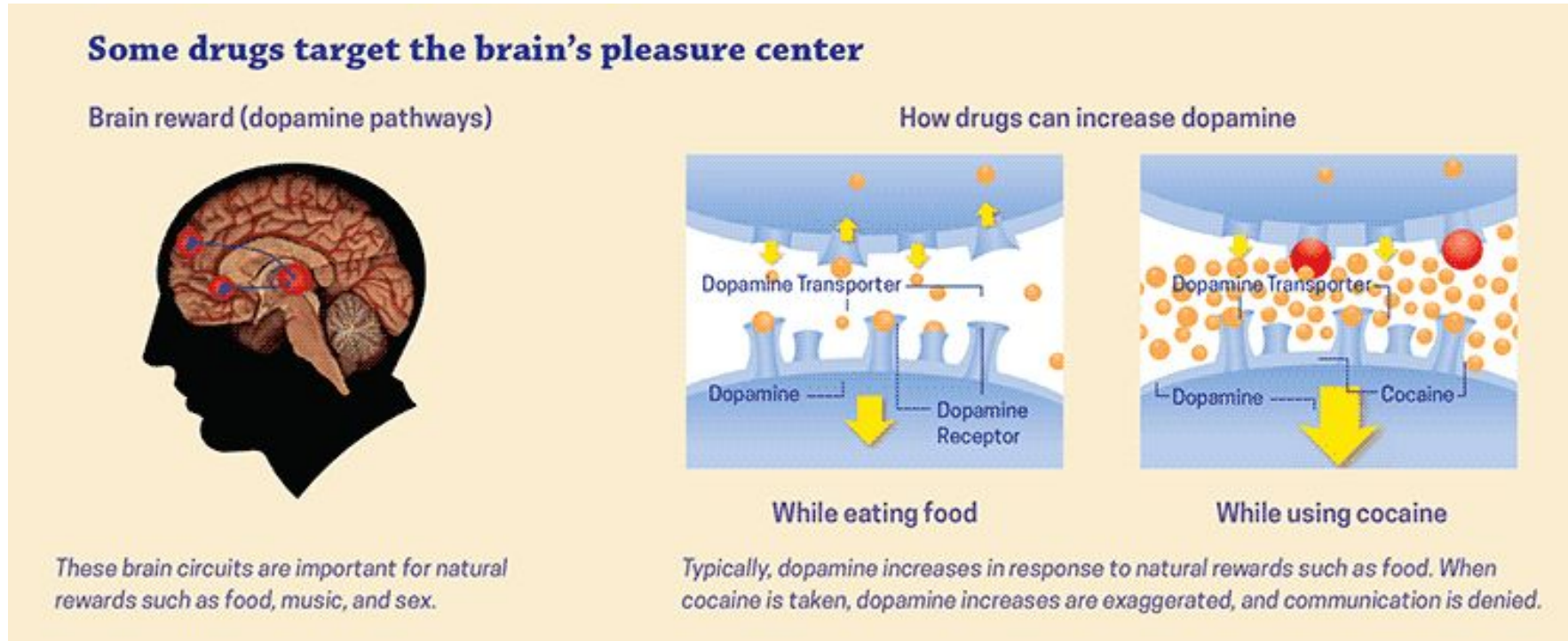
(Source: *Understanding the Disease of Addiction*, 2010)



(Source: *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*.
Modified with permission from Volkow et al., 1993.)



Understanding SUDs



(Source: National Institute on Drug Abuse, 2018)



Understanding SUDs

What is Addiction?

- Addiction Policy Forum

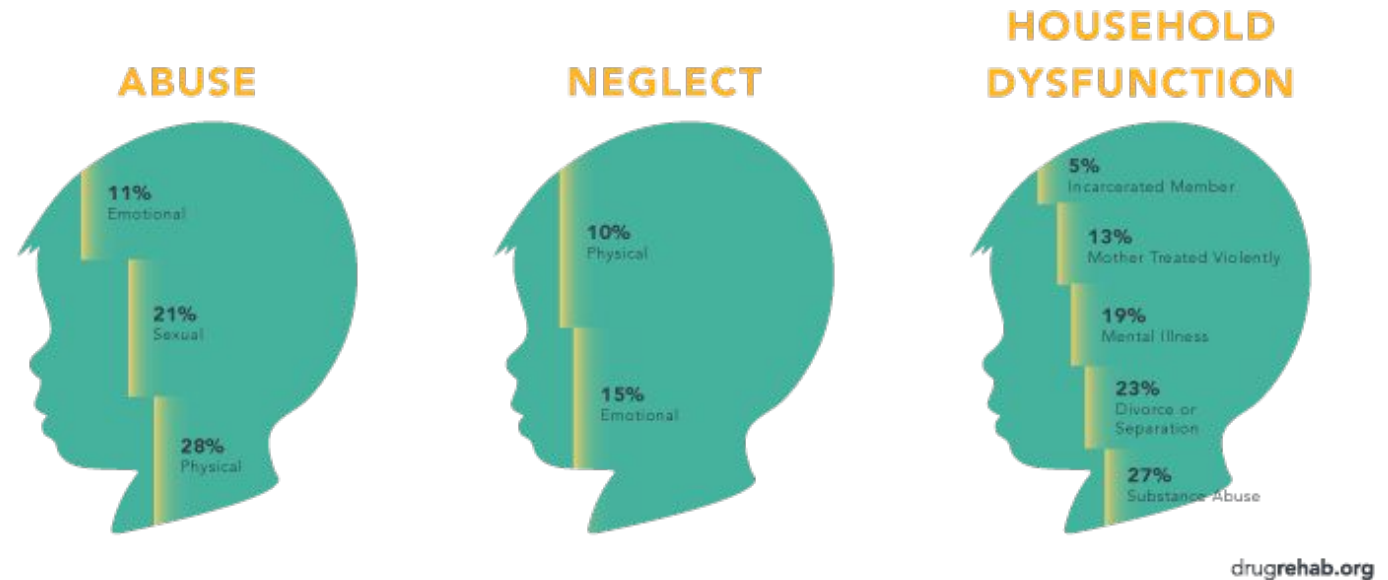
Questions:

- Do you feel you have a better understanding of how substances impact the brain and how individuals become dependent and addicted to them?
- Did any of the risk/protective factors surprise you?
- Can you think of any others?



What Increases Risk for SUDs?

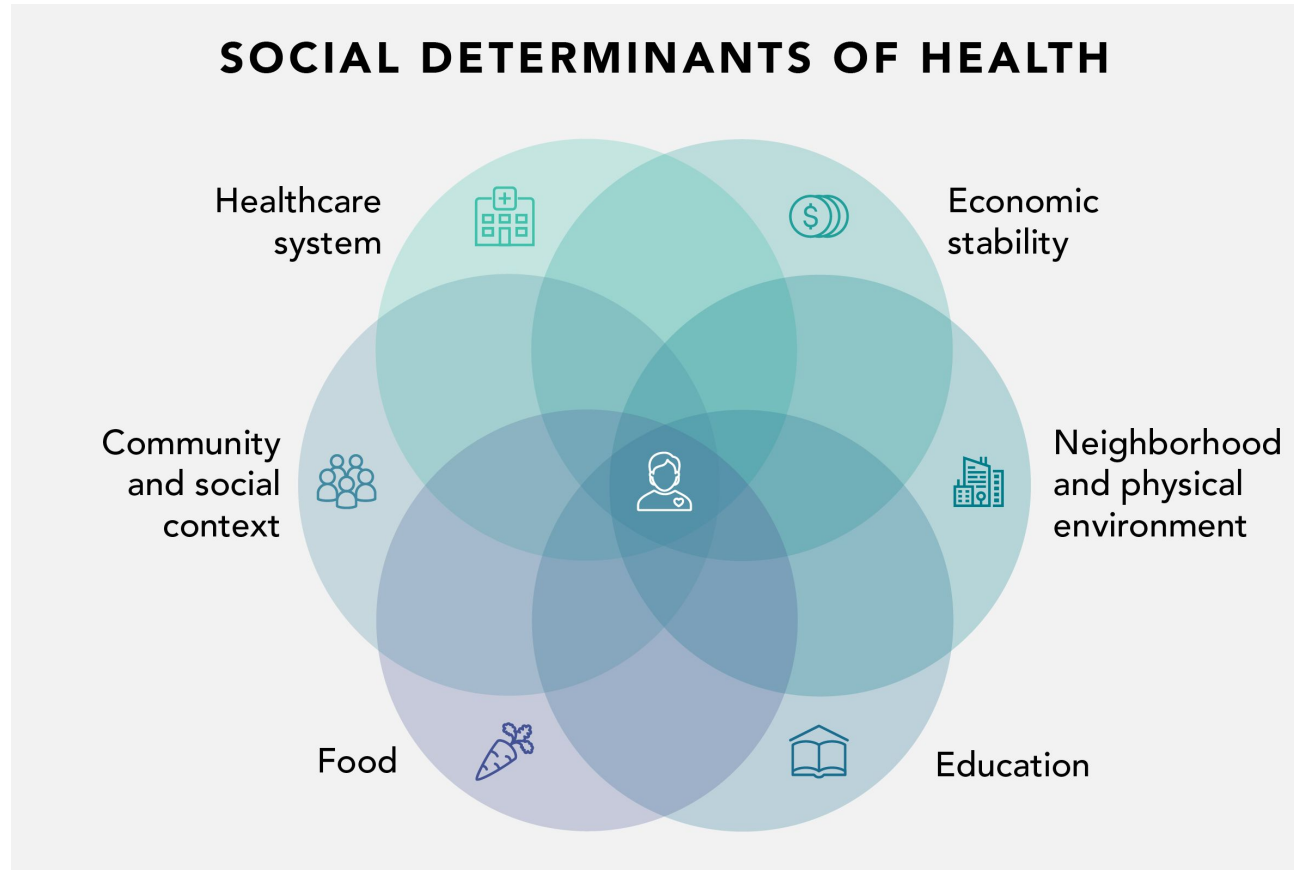
- Genetic predisposition
- Adverse Childhood Experiences (ACEs)
- Co-occurring disorders
- Early onset of use
- Access to substances vs. services
- Policies and laws
- Social norms



Sources: NCBI, SAMHSA, CDC, NIH, *Journal of Child & Adolescent Substance Abuse*



Increased Risk, Continued



ADDITIONAL DEMOGRAPHIC FACTORS

Race/Ethnicity

Class

Gender

(Sources: e.g., *The American Journal of the Medical Sciences*, *Public Health Reports*, *PLOS ONE*, *Journal of Health, Population and Nutrition*)

Image Source: Becker's Hospital Review



Risk & Protective Factors

Risk Factors

- Adverse Childhood Experiences
- Low perception of harm
- Child of a parent with a SUD
- Favorable attitude in home towards use
- Self-medication
- Isolation

Protective Factors

- Strong resiliency/coping skills
- High perception of risk
- Strong parent-child relationship
- Access to mental health and community services
- Social connection to community



Warning Signs of Substance Use

- **Change in behavior**

- ☐ Loss of interest in normal activities
- ☐ Extremely agitated or extremely relaxed, missing for long periods of time, secretiveness

- **Change in appearance**

- ☐ Extreme weight loss or gain
- ☐ Unhygienic, bruises, needle marks, burn marks, yellow skin
- ☐ Pupils – dilated, pinpricks, red, glassy

- **Change in finances**

- ☐ Asking for money or sudden appearance of money

Source: IHS



What is Recovery?

Collective wisdom of people in recovery, researchers, thought leaders:

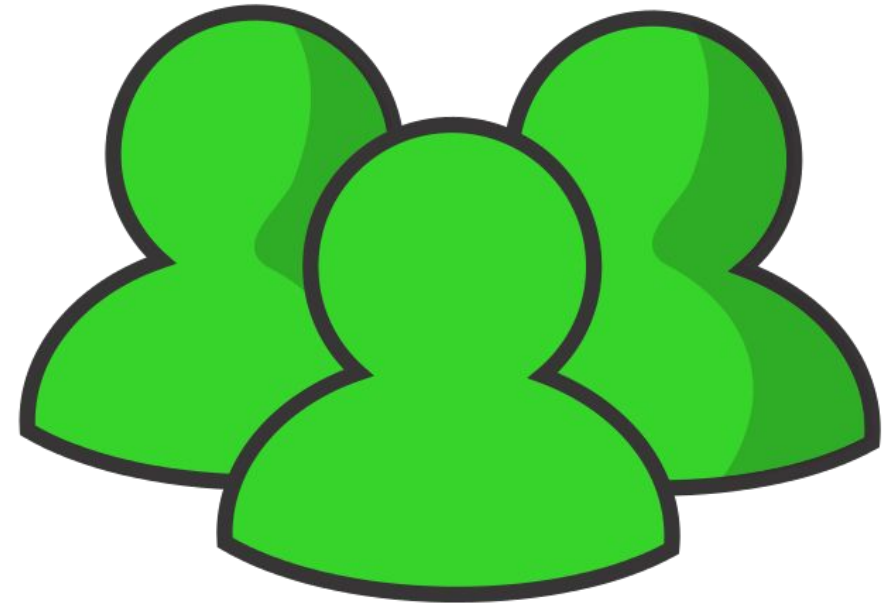
*Recovery is a **process** of change through which people improve their health and **wellness**, live self-directed lives, and strive to reach their full potential. (SAMHSA, 2012)*

*Recovery is an individualized, intentional, dynamic, and relational **process** involving sustained efforts to improve **wellness**. (Ashford et al., 2019)*



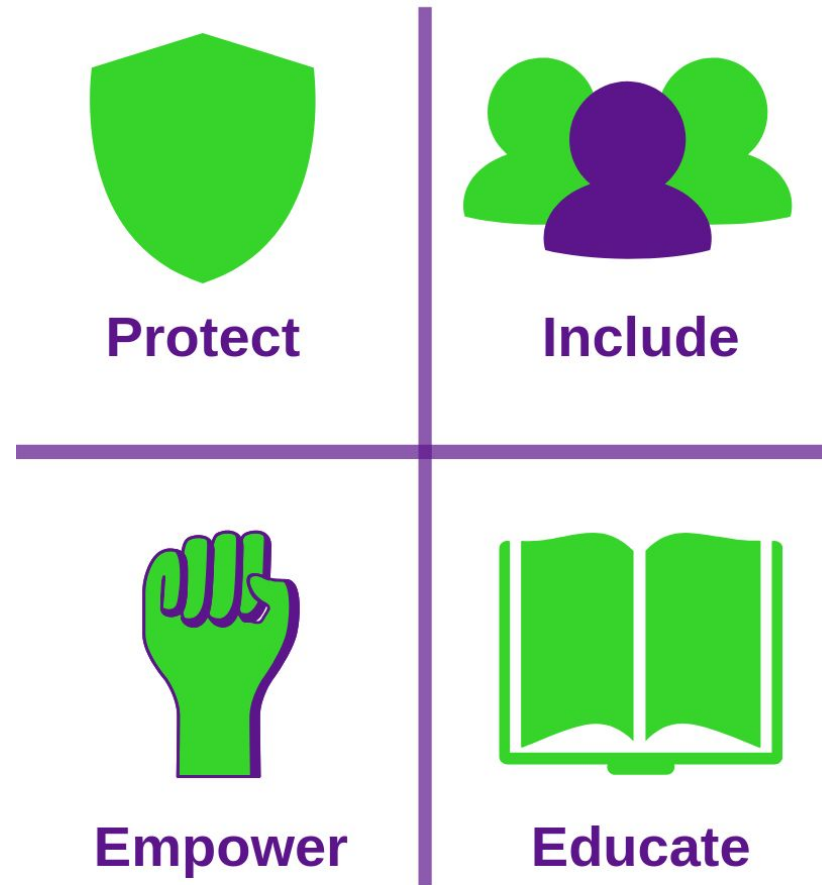
What can we do?

- Be supportive of those with SUDs
- Continue to learn
- Connect with local resources
 - Public Health Network
 - Recovery Centers (nhrecoveryhub.org)
 - Drug-Free Community Coalitions
 - 211 NH and The Doorway NH
 - New Futures
- Practice self-care
- Follow asset-based approach
- Create community
- Recovery Coach Academy
 - Multiple Pathways





Elements of a Recovery Friendly Workplace



(Source: Adapted from Avert, 2018)



What Can Employers Do?

- Develop/implement process
- Parity in policies
- Train supervisors
- Reduce injury risk
- Rx drug take-back events
- Narcan



(Photo: Official RFW Designation for Jake's Market & Deli)



What Can Employers Do?

- Adopt a formal “mental health and wellness day” that can be used for paid time off
- Issue organizational statements that people in recovery are welcomed, hired, and developed as professionals
- Offer peer recovery support for staff, and ensure events are not centered on substance use



Developing a Recovery Friendly Workplace: A Case Study

Hypertherm's Timeline

2015	2016	2017	2018	2019
<ul style="list-style-type: none">• Personal stories of loss• Established Task Force• Strategic Focus	<ul style="list-style-type: none">• Reducing stigma• Drug awareness roundtable• Opportunity fund• Cards + bracelets• Hylights articles• ALL Together supportive housing & recovery coaching pilots• Fund Second Wind• Fund HOPE for NH	<ul style="list-style-type: none">• SUD policy change• EAP/Headrest• Community events• Host Narcan and recovery coach trainings• Fund WCBH• Fund Second Growth• Fund NHADACA	<ul style="list-style-type: none">• Leadership summit• Launch website• Recovery Friendly Workplace• Recovery coach training• Fund WCBH expansion• Fund TLC• Fund Headrest (Opportunities for Work)	<ul style="list-style-type: none">• Establish recovery coach network• RFW Advisory Council• RFW event at HT• CDFA partnership w/Headrest• LADC onsite• LADC support for recovery coaches

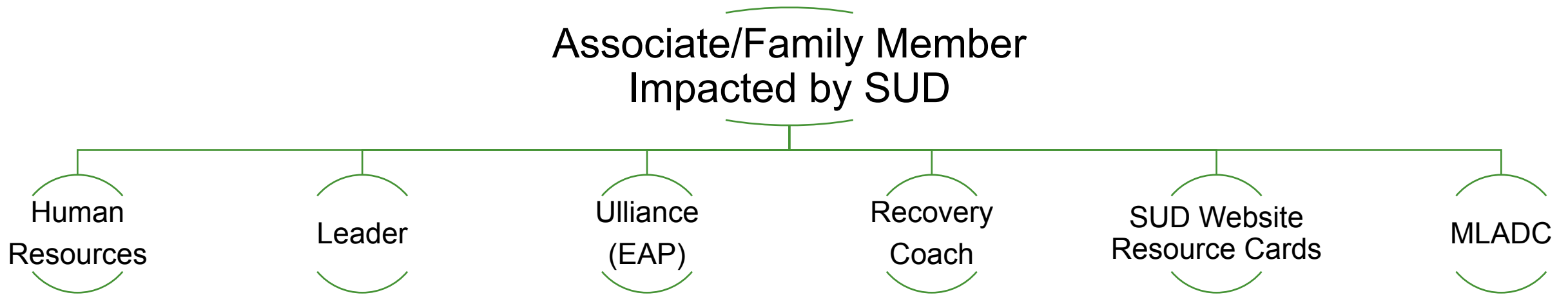
(Source: Hypertherm/Headrest)





Case Study, Continued

Hypertherm Internal Pathways to Support



(Source: Hypertherm/Headrest)





Questions?



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