De-Stigmatizing Language

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Background

Approximately one in five Canadians experience mental illness or substance use in their life. Many of these people report that the stigma they face is worse than many of the symptoms they encounter from the illness.[i] Stigma includes the negative attitudes, shaming and discrimination of people based on perceived social characteristics commonly related to mental illness, addiction and other health conditions.[ii] It often prevents individuals from seeking out treatment for their condition, which in turn can contribute to overdose.[iii] Stigmatizing language is one form of discrimination that is commonly employed in the news and media and hurts both individuals and their families. Stigmatizing language often conflates legitimate health conditions with criminal activity, creates unnecessary feelings of shame and guilt that prevent individuals from seeking help, and restricts the public from fully understanding the effects of health conditions such as substance addiction. De-stigmatizing language is a necessary harm reduction approach to help end bias and discrimination perpetuated against people who are affected by these health conditions.

Language affects the way that society perceives substance use and recovery and can even impact the individual's way of thinking about themselves, and whether or not they have the ability to change.[iv] Furthermore, harmful language is demeaning and devalues the individual's dignity and agency as a person.[v] Implementing de-stigmatizing language into regular speech and written communication is a harm reduction strategy that is necessary to bringing about change. Harm reduction is not meant to be a corrective action, but rather a way to 'meet people where they are at' in terms of their health and wellness journey. A 2015 Centre for Mental Health and Addiction Policy forum conducted at Johns Hopkins University determined communication which involves both de-stigmatizing language and personal anecdotal stories about individuals affected by addiction is more likely to foster positive reception and increase the public's willingness to support positive changes related to substance use.[vi]

There are several ways to de-stigmatize language. The following recommendations are adapted from the BC Mental Health & Substance Use Services, BC Centre for Disease Control, Moms Stop the Harm, Canadian Centre on Substance Use and Addiction, BC Centre of Excellence for Women's Health, Government of Canada and the 2018 journal article *Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship*:

1) *Use 'people-first' language.* This means referring to the individual before describing their behaviour or condition. This is important because it acknowledges that the individual's health condition, illness or behaviour does not define who they are as a person. Using stigmatizing terms like 'abuser' or suggests that this is a permanent aspect of their personality, and they will never be able to change. For example: Use 'person or people who use drugs' rather than 'addict,' 'junkie' or 'abuser.'[vii] Use 'person who experienced an overdose' rather than 'person overdosed.'[viii,ix]

2) *Use language that reflects the medical nature of substance use and related disorders.* There are many physiological, genetic, psychological, and sociocultural factors that can contribute to substance use and the development of addiction. It is essential to remember that substance use and other forms of addiction are health conditions. Avoid using terms that reinforce a belief that addiction is a failure of morals, rather than a medical issue. For example: Use 'substance use disorder' or 'substance dependence' rather than 'alcoholic' or 'addict.'[x,xi]

3) *Use language that promotes recovery.* Recovery-oriented language is constructive and promotes resiliency and healing. It also transforms the narrative from focusing on one-time treatments and interventions, to understanding that true recovery is long-term and person-centred. For example: Use 'has not begun' or 'opted not to' rather than 'unmotivated' or 'noncompliant.'[xii]

4) *Do not use slang or idiomatic language.* Many slang and idiomatic terms are implicitly negative. While these terms have been used casually over time, they do cause harm to individuals and their families because of this negative connotation. As well, many slang terms further propagate stereotypes. These

terms incorrectly label the individual's character rather than correctly identify the health condition. For example: Use 'positive or negative' when referring to substance use tests rather than 'clean or dirty.'[xiii] Use 'in recovery/recovered' rather than 'clean.'[xiv]

5) *Try to correct others when you hear them using stigmatizing language.* Many people do not understand the effect that their language can have on others. Have conversations with those around you and explain to them how using stigmatizing language can cause undue harm and prevent others from seeking and receiving help for their health conditions.

Nurses are leaders in harm reduction and can champion the use of de-stigmatizing language. Nurses' first principle is to provide safe, competent and ethical care grounded in our professional standards and code of ethics and a large part of this is recognizing the harm that stigmatizing language can cause. It is integral that de-stigmatized language become the new norm to help remove the guilt and shame that is incorrectly placed on those with substance-related health conditions. As well, advocating for the use of de-stigmatized language will signal to media and news outlets that it is unacceptable to continue using outdated and inappropriate terminology. By correctly using updated, de-stigmatized terms, the public will have a better avenue to correctly understand that many people in our communities are impacted by these conditions but should not be incorrectly labelled because of them. Nursing has the opportunity to be brave enough to acknowledge the behaviour and to take the steps necessary to dismantle it on a provider level and across the system.

Key Messages

- Stigma is a form of discrimination commonly employed against people with mental health illness and/or those who use substances.

- Stigmatizing language conflates legitimate health conditions such as substance use and addiction with criminal activity, preventing the general public from properly understanding these illnesses.

- De-stigmatizing language is necessary to changing the narrative about substance use and addiction conditions, and to garner public support for harm reduction approaches in public health.

- Using people-first language, language that reflects the medical nature of substance use and languagewhich promotes recovery are all ways to begin reconditioning how we speak about people who use substances.

- Avoiding the use of slang and idiomatic terminology associated with substance use is essential to reframing this narrative and putting an end to negative stereotypes.

- Using de-stigmatizing language is a form of harm reduction because it removes the negative labels that adversely affect many people and their families.

- NNPBC advocates for all forms of harm reduction including the use of de-stigmatizing language.

Further Reading/Resources

- Moms Stop the Harm

- BC Mental Health & Substance Use Services

- CMHA BC: Stigma and Discrimination

- NNPBC Issues Brief: Stigma and the Overdose Crisis

- Government of Canada: Changing How We Talk About Substance Use

- Vancouver Area Network of Drug Users (VANDU)

- Canadian Association of People Who Use Drugs (CAPUD)

- Canadian Association for Safe Supply (CASS)

- Canadian Centre on Substance Use and Addiction (CCSA): Changing the Language of Addiction [Fact Sheet]

- CCSA: Overcoming Stigma Through Language: A Primer

- BC Centre of Excellence for Women's Health (BCCEWH): Mothering and Opioids: Addressing Stigma – Acting Collaboratively [Toolkit]

- Changing the Narrative: Overdose Crisis Reporting Style Guide

- Government of Canada: Stigma Around Substance Use

- Canadian Public Health Association: Language Matters

Please feel free to direct questions and additional comments to info@nnpbc.com.

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[i] CMHA BC. Stigma and Discrimination. 2014.

[ii] Caddell J, PsyD, Gans S, MD. What is Stigma? Very Well Mind. July 2020.

[iii] Moms Stop the Harm. Anti-Stigma Resources.

[iv] Broyles L, Binswanger I, Jenkins J, Finnell D, Faseru B, Cavaiola A, Pugatch M, Gordon A. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. Subst Abus. 2014;35(3):217-21. doi: 10.1080/08897077.2014.930372. PMID: 24911031; PMCID: PMC6042508.

[v] Broyles L, Binswanger I, Jenkins J, Finnell D, Faseru B, Cavaiola A, Pugatch M, Gordon A. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. Subst Abus. 2014;35(3):217-21. doi: 10.1080/08897077.2014.930372. PMID: 24911031; PMCID: PMC6042508.

[vi] McGinty E, Pescosolido B, Kennedy-Hendricks A, Barry C. Communications Strategies to Counter Stigma and Improve Mental Illness and Substance Use Disorder Policy. Psychiatr Serv. February 1, 2018;69(2):136-146. Doi: 10.1176/appi.ps.201700076.

[vii] Government of Canada. Changing how we talk about substance use. January 14, 2021.

[viii] CCSA and CAPSA/ACEPA. Overcoming Stigma Through Language: A Primer. September 2019.

[ix] BCCEWH. Mothering and Opioids: Addressing Stigma – Acting Collaboratively. 2019.

[x] Broyles L, Binswanger I, Jenkins J, Finnell D, Faseru B, Cavaiola A, Pugatch M, Gordon A. Confronting inadvertent stigma and pejorative language in addiction scholarship: a recognition and response. Subst Abus. 2014;35(3):217-221.

[xi] BCCDC. Language matters: reduce stigma, combat overdose. March 9, 2017.

[xii] BCCDC. Language matters: reduce stigma, combat overdose. March 9, 2017.

[xiii] BC Mental Health & Substance Use Services. What's in a word? How language can destigmatize substance use. November 6, 2017.

[xiv] BCCEWH. Mothering and Opioids: Addressing Stigma – Acting Collaboratively. 2019.