



I'm still
a person

THE STIGMA OF SUBSTANCE USE
& POWER OF RESPECT

Dr. Audrey Begun, MSW, PhD,

with help from many in recovery
and their families

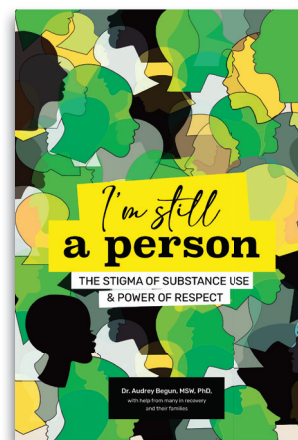
I'm still **a person**

THE STIGMA OF SUBSTANCE USE
& POWER OF RESPECT

PUBLIC EDUCATION VERSION



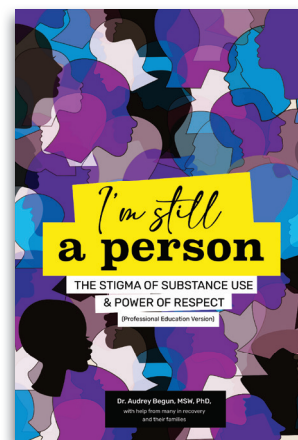
There exist two versions of *I'm Still a Person: The Stigma of Substance Use & Power of Respect* – a General Public Education version and a Professional Education version.



You are holding a copy of the General Public Education version. This 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.



The Professional Education version of *I'm Still a Person: The Stigma of Substance Use & Power of Respect* is designed for college and graduate-level coursework, as well as both pre-service and in-service advanced professional education.

To order a free, printable Professional Education e-book go to www.FamiliesAgainstNarcotics.org/stigmabook and download the link. Note: Printed copies of the Professional Education version are not available at this time.

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 on 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.

WORKBOOK CONTENTS

Ordering Copies of I'm Still a Person	p. i
Foreword, by Retired Judge Linda Davis	p. ii
Table of Contents.....	p. iii
Words Matter	p. 1-3
• Words Matter Activity	p. 4
Four Problems with Labels	p. 5-6
The Stigma Problem	p. 7
• Substance Use Stigma Activity.....	p. 8
Self-Stigma	p. 9-10
• Skills for Addressing Self-Stigma Activity	p. 11
Family Experiences with Stigma	p. 12-13
Making a Difference	p. 14-16
• Practice Addressing Language Use Activity	p. 17
Summary.....	p. 18
• Action Plans Activity.....	p. 19
Glossary of Terms	p. 20
References	p. 21
Acknowledgements & Fair Use Statement	p. 21
About the Authors	p. 22

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



WORDS MATTER

“
Words and thoughts
can hurt or heal.
Please, handle with care.
- Anonymous
”



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 yourself.

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.

If we pay attention, we notice that we are bombarded by stigmatizing language 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 often uses stigmatizing labels and images when

telling a story about alcohol or other substance use disorders. We tend to repeat and internalize what we see, read, and hear, and this type of thoughtless language use can directly affect someone seeking help.

Providers, professionals, clinicians, lawyers, and students, as well as individuals experiencing alcohol or other substance use disorders, all have a role to play in educating others and changing deep-seated attitudes surrounding this serious health issue. To make a change, we all need to be educated and to 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.

What we say and how we say it really does matter.

The National Institute on Drug Abuse handout helps us to be more thoughtful in our use of language related to risky alcohol or other substance use. 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)

The main idea is to use person-first language. This means starting with words like:

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

Then come words describing a person's experiences or behavior. For example:

Try This	Instead of This
a person who engages in injection drug use	labeling them as a <i>drug injector</i> or <i>injection user</i>
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 <i>addict</i> , <i>addicted</i> , <i>recovering alcoholic</i>

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.

Words Matter Activity

The purpose of this activity is to practice identifying stigmatizing words about risky alcohol and other substance use and how we might correct them.



Task: Identify five problematic words in this possible social media posting. Circle the words that you think are harmful. (Answers are at the bottom of this page)

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.

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.

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

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



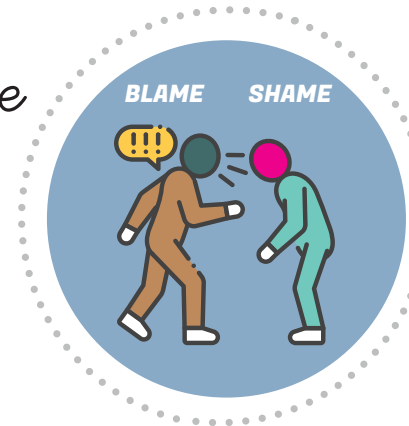
Substance use disorder and recovery is comparable to diseases like cancer and diabetes. Whenever I speak on stigma, you can see the change when people realize cancer remission is like remission from substance use disorder – cancer can reoccur but we don’t blame someone for it. Comparisons with other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

- Retired Judge Linda Davis

#3.

Language we use

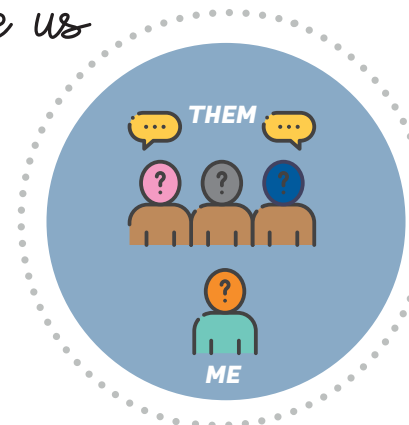
Language we use about alcohol and other substance use disorders often implies that a person is to blame for their own problems. The result of blame is shame and punishment — a far cry from helping a person make healthful changes in their lives and behavior.



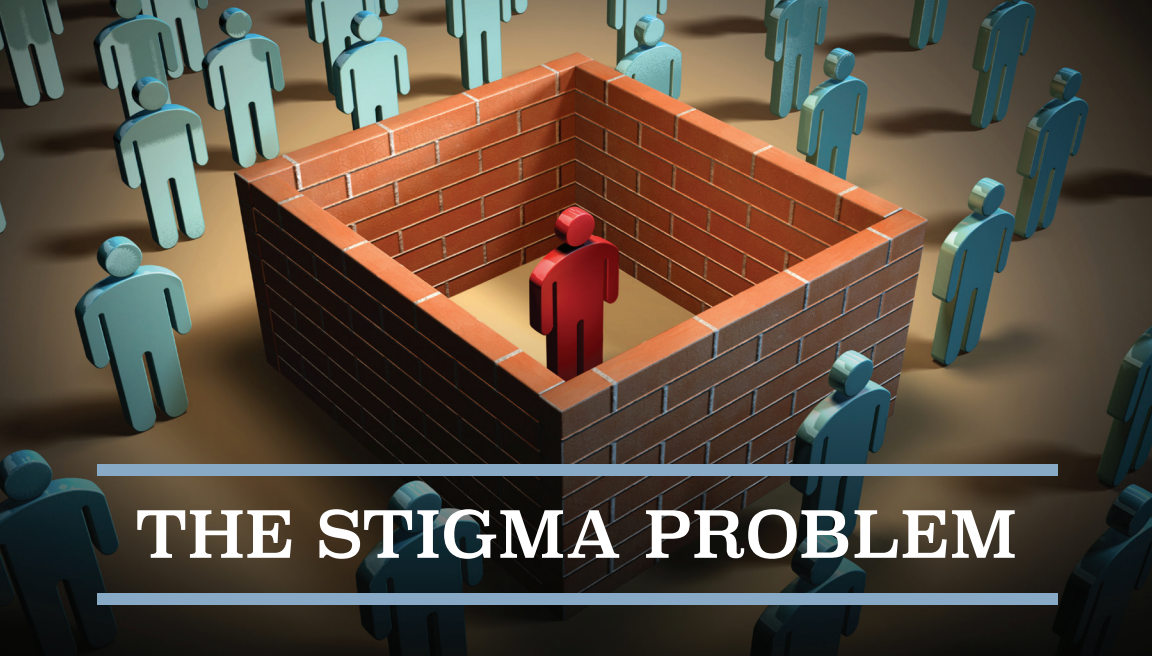
#4.

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.



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

Stigma appears in many places — the media, the general public, professional practices, and even within the person (called *self-stigma*).

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

Substance Use Stigma Activity



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 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

The stigma I experienced in addiction and early recovery is much clearer to me in hindsight. At the time, I felt like I deserved that type of treatment. That is the most insidious part of stigma — you are made to believe that you deserve to be treated badly, that you are a liability.
- Anonymous

SELF-STIGMA

Throughout our lifetime, messages from parents, siblings, peers, the media, and others in our social environments become internalized and shape our self-concept. Toxic self-stigma occurs when a person internalizes the stigmatizing messages, owning them as part of their identity, applying these beliefs to the self. Being on the receiving end of the stigma experience makes a person feel worthless and discounted. Through repeated experiences of stigma, a person develops feelings of toxic shame, self-blame, and self-doubt.

Toxic self-stigma, shame, and embarrassment over their substance use is one main reason that individuals experiencing problems associated with substance use avoid seeking treatment and recovery support. Self-stigma and feeling disparaged or stigmatized by others (including the professionals to whom they turn for help) interfere with help-seeking behavior and contribute to a person's "Why try?" thinking and self-talk.



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.

Substance Use Stigma Activity

One skill that can help address a person's self-stigma involves delivering affirmations. Affirmations respect a person's strengths and counter their personal negativity.



First, we identify strengths, and then we create an affirmation statement.

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 drink. 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 get to your appointments, reliably take your medication most days, and a healthy future matters to you.

Practice Activity:

Consider the following scenario. Identify strengths and craft an affirmation response. Try it out before reading the hint below.

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:

SAMPLE AFFIRMATION:

HINT: Some strengths might include that she was able to quit twice in the past, she is aware of the problems with smoking, and she cares about her family members. One sample affirmation might be: Your family matters a great deal to you, so much that you were able to quit for them in the past, and you are smart enough to be clearly aware of the personal costs of continuing to smoke.

FAMILY EXPERIENCES WITH STIGMA

What about stigma as experienced by family members? Family members often share an individual's stigma. They may be subjected to a loss of respect, blame, shame, pity, criticism, unwelcome advice, or suspicion that they are in some way contaminated.

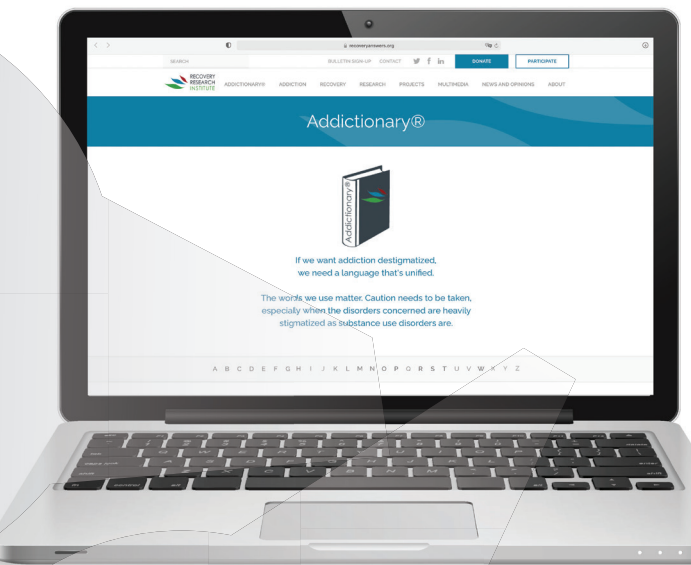
Other family members may stress that "it didn't come from OUR side of the family." Or someone they know might launch into statements like: "If it was MY _____ (kid or partner or parent), I would _____," filling in the blank with any number of hurtful statements. Family members may hear other people saying insensitive things or making jokes about the person they love. Others may "diagnose" them as being "co-dependent" or blame them as "enablers." These are two highly stigmatizing, hurtful, and unhelpful labels. The Addictionary® places a "stigma alert" on the word co-dependency. (www.recoveryanswers.org/addiction-ary)

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.

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



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.

Not only do family members experience public stigma, but they also may adopt aspects of self-stigma and self-blame.

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." 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.



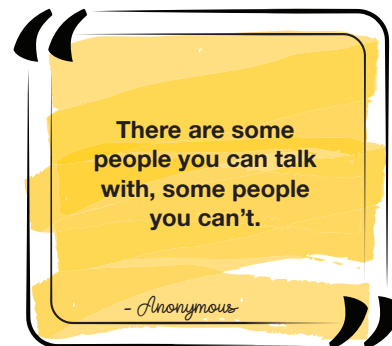
Stigmatization of families supporting an adult member with substance misuse is common and undermines their capacity to support the person and maintain their own well-being.

- McCann & Subman

We can help family members learn to challenge misconceptions about alcohol and substance use, challenge public stigma and stereotypes, and challenge their own self-stigma. For them to do this requires a great deal of knowledge, support, respect, and courage. Especially needed are respect and courage.

An Important Note About Self-Disclosure

Self-disclosure is also family disclosure — telling others about your own experiences is also telling them about your other family members. Individuals need to be thoughtful about what they choose to disclose in different contexts — individual family members are part of a connected whole.



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.

CHANGE THE PERSON OR FAMILY

We can enlist a host of approaches for helping individuals and their families change their reactions to stigma experiences. Interventions are often incorporated into counseling, treatment, and recovery support — helping change self-stigma and responses to stigma experiences.

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.

- Jeff Kass

CHANGE THE ENVIRONMENT

We can serve as agents of change in the environments where individuals and families may experience stigma — neighborhoods, work or school settings, social and support networks, health care and service delivery systems, mass media, social media, and policy.

#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. We all have a role to play in educating others and changing deep-seated attitudes surrounding alcohol and 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

CHANGING CULTURE THROUGH EDUCATION

We can change the environment by challenging the messaging that contributes to persistent stigma and stereotypes. Challenging stigma through public and professional education is a potentially powerful environmental change strategy. Many beliefs and stereotypes, even those held by professionals, may need to be unlearned and reshaped through education.

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

CHANGING PEOPLE AND ENVIRONMENTS THROUGH ADVOCACY

Therapeutic citizenship is an anti-stereotype model that changes individuals and their environments. It is about acting as advocates for change in

the environment, serving as positive representatives of a stigmatized group, and challenging stereotypical and stigmatizing beliefs and attitudes.

Therapeutic citizenship can:

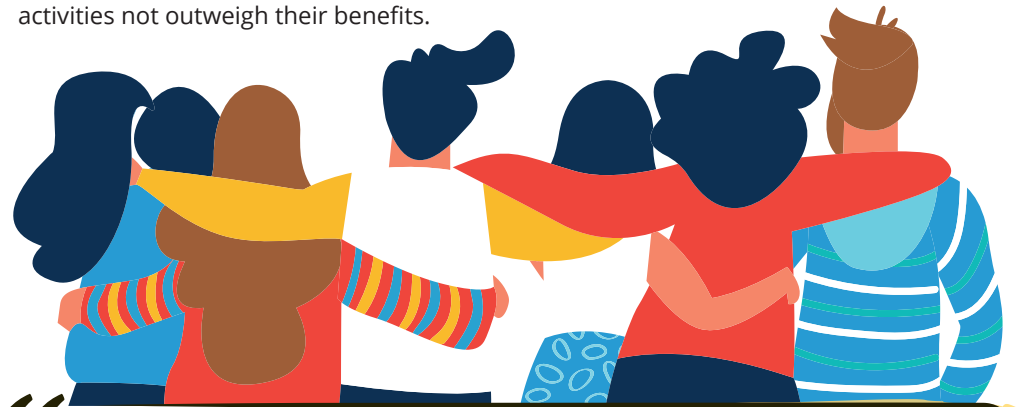
- ✓ help a person internalize a recovery identity and families internalize a strengths identity
- ✓ support a person and their family in reframing their past as a source of empowerment and meaning
- ✓ provide a person and their family with social network-building opportunities within a recovery community.

Individuals flourishing in recovery challenge 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. Public and media portrayal of persons succeeding in recovery is a promising strategy for reducing stigma and discrimination, as well as improving perceptions of treatment effectiveness.

... engaging in recovery related advocacy offers a multitude of potential benefits and positive impacts.

- Ashford et al

These individuals need to be well supported and provided with the skills necessary to succeed in advocacy and public education activities, and to avoid their being exploited as change agents. It is important that therapeutic citizenship and advocacy activities not interfere with engaging in self-care, and that any personal costs of advocacy activities not outweigh their benefits.



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

Practice Addressing Language Use Activity



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	<hr/> <hr/> <hr/> <hr/>
Why it is problematic	<hr/> <hr/> <hr/> <hr/>
Identify the change goal	<hr/> <hr/> <hr/> <hr/>
Offer alternatives	<hr/> <hr/> <hr/> <hr/>
Summarize & Listen	<hr/> <hr/> <hr/> <hr/>

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*.



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.

We encourage you to develop and follow through on your own contributions to addressing 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

REFERENCES

- Ashford, R.D., Brown, A.M., Canode, B., McDaniel, J., & Curtis, B. (2019). A mixed-methods exploration of the role and impact of stigma and advocacy on substance use disorder recovery. *Alcoholism Treatment Quarterly*, 37(4), 462-480. (quote from p. 462)
- Kelly, John, F. (2018). Addiction & Recovery 101 blog (*Psychology Today*). Communicating about addiction: Accuracy or alienation? 10 Tips for You and the Mainstream Media. www.psychologytoday.com/us/blog/addiction-recovery-101/201801/communicating-about-addiction-accuracy-or-alienation
- McCann, T.V., & Lubman, D.I. (2018). Stigma experience of families supporting an adult member with substance misuse. *International Journal of Mental Health Nursing*, 27, 693-701. (quote from p. 693-694)

ACKNOWLEDGMENTS & FAIR USE STATEMENT

The development and distribution of this product were partially supported by funds from the Michigan Department of Health and Human Services. We are grateful for this generous donation, as well as for the time, resources, and funds contributed by our recovery community and anonymous donors.

Washtenaw Families Against Narcotics (WFAN) hosted the presentation leading to construction of both the public and professional education versions of this workbook (see <https://www.familiesagainstnarcotics.org/Washtenaw>).

Families Against Narcotics is the parent organization to WFAN, providing recovery coaching, support, and education concerning substance use and substance use disorder (see www.familiesagainstnarcotics.org). FAN has produced an educational video on stigma, which can be accessed at vimeo.com/4647971100

We are grateful to all of the individuals who contributed ideas, suggestions, and quotes used to inform the *I'm Still a Person* project.

Book design by Maria A. Petrenko.

Project Manager Amy Grambeau, Orange Egg Advertising, Inc.

Fair Use: Use of this publication for educational and training purposes is allowed under Creative Commons rules — it may be reproduced and distributed free of charge; it may not be sold, no fees beyond printing/reprinting and shipping cost recovery may be charged for use of the contents, and it may not be altered other than selected sections being used instead of the whole.

ABOUT THE AUTHORS

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.

Dr. Audrey Begun is an emeritus professor of social work at The Ohio State University. She has published research, theory, and curricular materials related to substance use and taught about the topic for undergraduate, graduate, and post-graduate social workers. She previously worked with the National Institute on Alcoholism and Alcohol Abuse to create and evaluate social work curriculum about alcohol use and has recently consulted with the Council on Social Work Education on a Substance Abuse and Mental Health Administration funded project to create and evaluate a social work curriculum about substance use and substance use disorders.

