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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

USING PERSON-CENTERED LANGUAGE IN SUBSTANCE USE DISORDER TREATMENT

BRITTANY E. BLANCHARD, PHD (ANY/ALL)

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

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UW Medicine

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Integrated Care Training Program

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PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

Mark Duncan MD
Rick Ries MD
Kari Stephens PhD
Barb McCann PhD
Anna Ratzliff MD PhD
Betsy Payn MA PMP
Esther Solano
Cara Towle MSN RN

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SPEAKER DISCLOSURES

I have no conflicts of interest to disclose.

This work is informed by my educational, professional, and personal experiences. I am a human with biases that impact my interpretation of these experiences.

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OBJECTIVES

1. Review factors contributing to stigmatization of people who use (some) substances
2. Distinguish between person-first and identity-first language
3. Learn person-centered terminology and alternatives to stigmatizing language
4. Discuss ways to decrease stigma

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PEOPLE, LAND, AND LABOR ACKNOWLEDGMENT

- I acknowledge the Coastal Salish people of this land, the land which touches the shared waters of all tribes and bands within the Duwamish, Suquamish, Tulalip, and Muckleshoot nations.

- I acknowledge the Attakapa, Chitimacha, and Houma people of Southern Louisiana
  - https://native-land.ca/

- I acknowledge the land, labor, culture, and lives stolen from people enslaved throughout American (and world) history.

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CONTENT WARNING

- This presentation contains potentially activating content.
  - Please take care of yourself
- Exploring our social programming can be uncomfortable.

Self-Compassion (Buddhism/Kristen Neff)

- Self-Kindness (v self-judgment)
- Mindfulness (v overidentification)
- Common Humanity (v isolation)
  - We are all imperfect.
  - We all struggle.
  - We all suffer.

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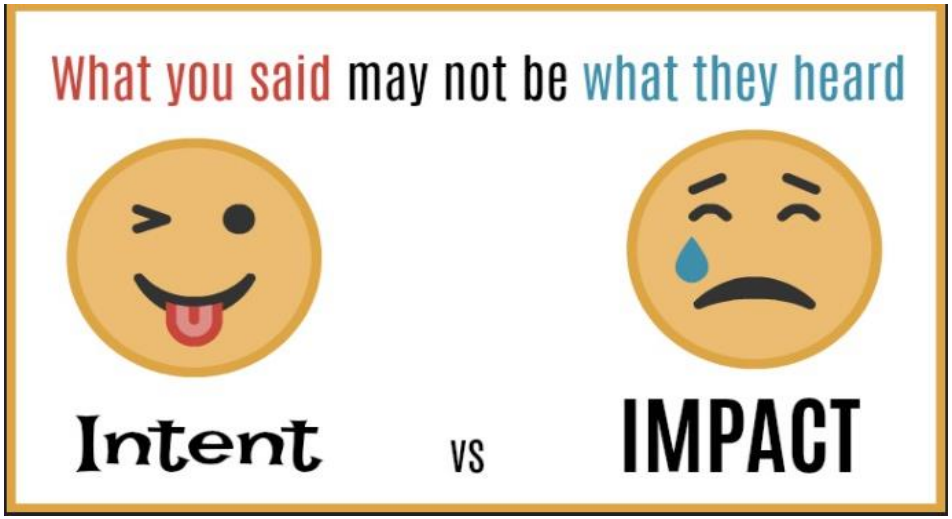
INTENT AND IMPACT



Intent – what you mean

Impact – how it's received

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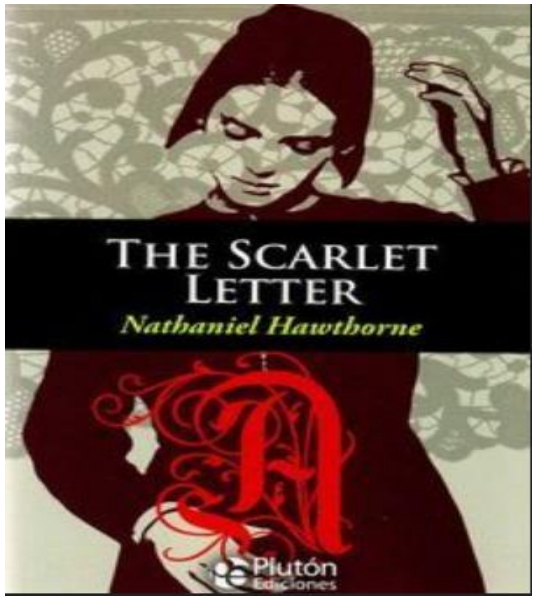
STIGMA

"The term stigma dates back to the Greeks, who cut or burned marks into the skin of criminals, slaves, and traitors in order to identify them as tainted or immoral people who should be avoided (Goffman, 1963)."

(Bos et al., 2013)



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TYPES OF STIGMA

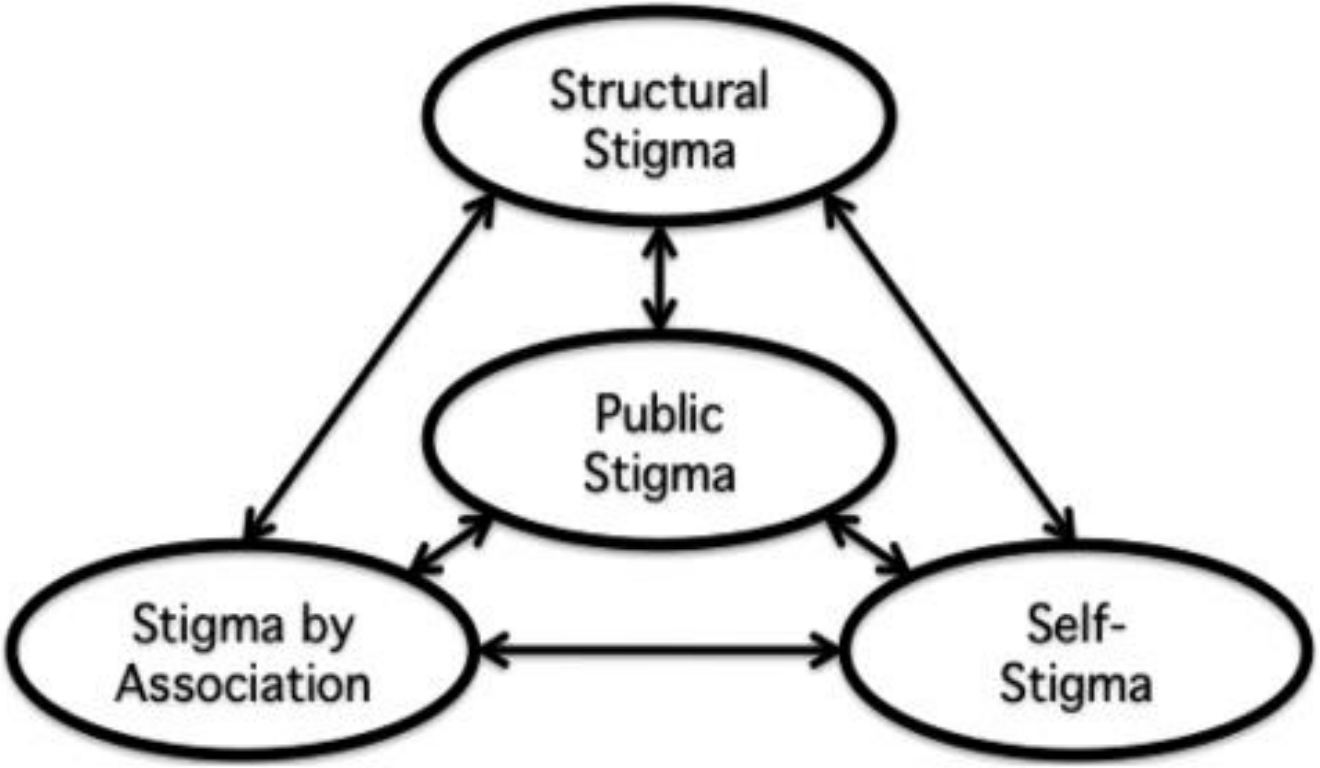

FIGURE 1 Four types of stigma (based on Pryor & Reeder, 2011).

Bos et al., 2013

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WHAT NEGATIVE VIEWS DOES OUR SOCIETY HOLD ABOUT PEOPLE WHO USE SUBSTANCES?

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https://app.sli.do/event/d5i5vGPDGtNoyvQquSXVBd

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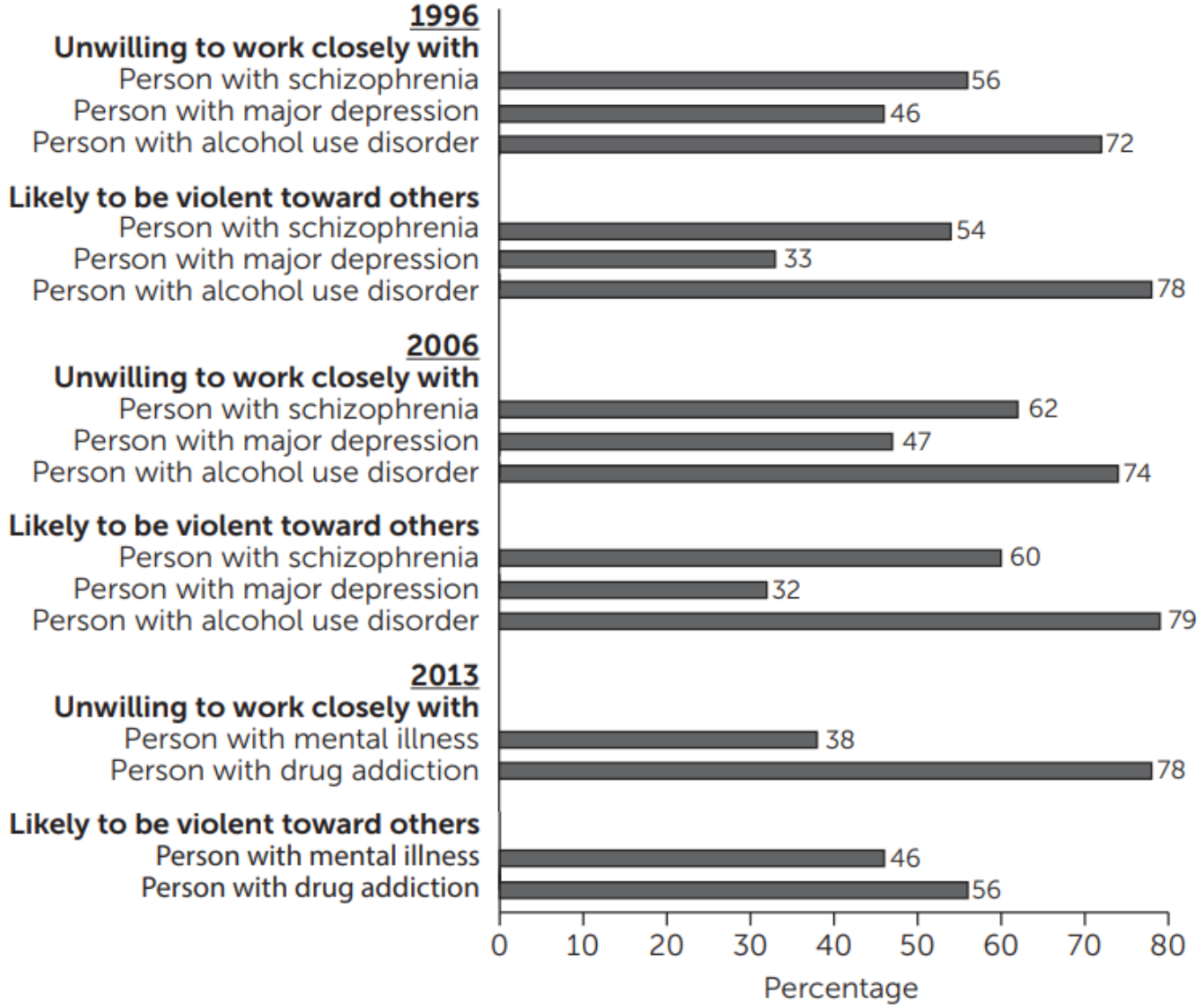
What negative views does our society hold about people who use substances?

ⓘ Start presenting to display the poll results on this slide.

FIGURE 1. Public attitudes about persons with mental illness and substance use disorders, 1996–2013[a]



[a] Sources: Barry et al., 2014 (6); Pescosolido et al., 2010 (12); Barry et al., 2013 (14); Kennedy-Hendricks et al., 2016 (31)

OUTCOMES OF STIGMA

- Nonverbal expressions of discomfort
  - Lack of eye contact
- Discounting
- Discrediting
- Avoidance
- Aversion to interaction
- Social rejection
- Depersonalization
  - Stereotypes (caricatures)
- Dehumanization

(Bos et al. 2013)

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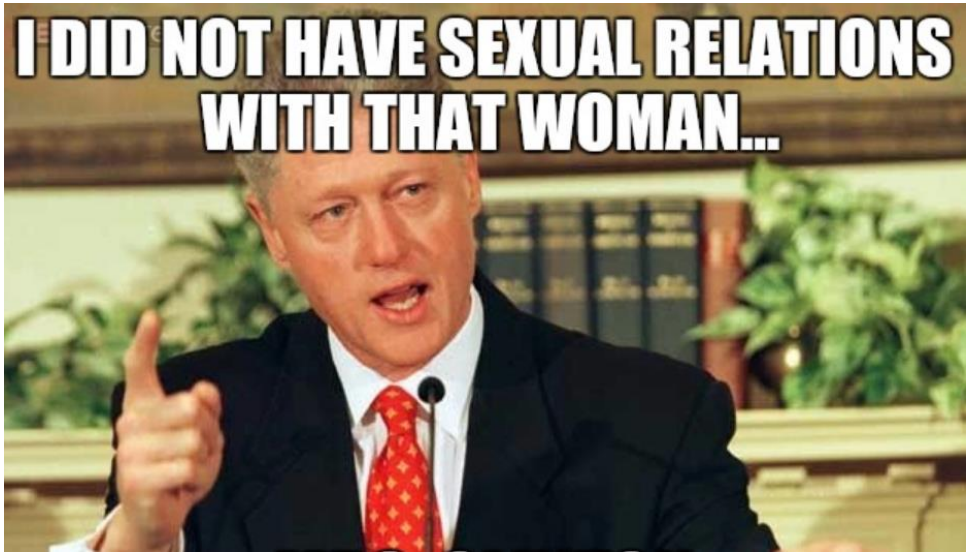
DISTANCING LANGUAGE

- Creates a sense of “us” versus “them”
  - Not using names when speaking to/about
    - “them” (and not in a gender-affirming way)
    - “those people”
    - “you” v “we”
    - “that [insert label]”



- Formal language is also used to create distance

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DISTANCING LANGUAGE

- Examples of dehumanizing/depersonalizing labels
  - "criminals"
  - "slaves"
  - "traitors"
  - "addicts"
  - "the homeless"
  - "the mentally ill"
  - "the elderly"
  - "the patient" (?)

- every derogatory term stemming from racism, sexism, transphobia, xenophobia, ageism, ableism, classism, nationalism, etc.

Think about a time you used distancing language. What was the context? How were you feeling?

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K. CRENSHAW ON INTERSECTIONALITY

"It's basically a lens, a prism, for seeing the way in which various forms of inequality often operate together and exacerbate each other. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality or immigrant status. What's often missing is how some people are subject to all of these, and the experience is not just the sum of its parts."

– Kimberlé Crenshaw, 2020 *Times* Interview

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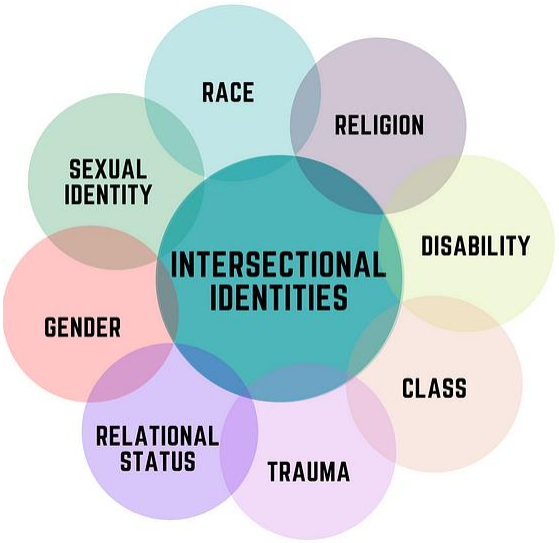
SOME INTERSECTIONS TO CONSIDER

- Age
- Racial identity
- Ethnic identity
- Gender identity
- Sexual orientation
- Nationality
- Language
- Citizenship status
- Religion
- Current location



- Employment status
- Financial status
- Celebrity status
- Housing status
- Mental health status
- Trauma
- Neurodiversity
- Physical health status
- (Dis)ability status
- and more...

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ORIGINS & PERPETUATION OF STIGMA

- Moral theory of addiction
- Government/Politics
- Media/Propaganda
- Medicine
  - Psychiatry

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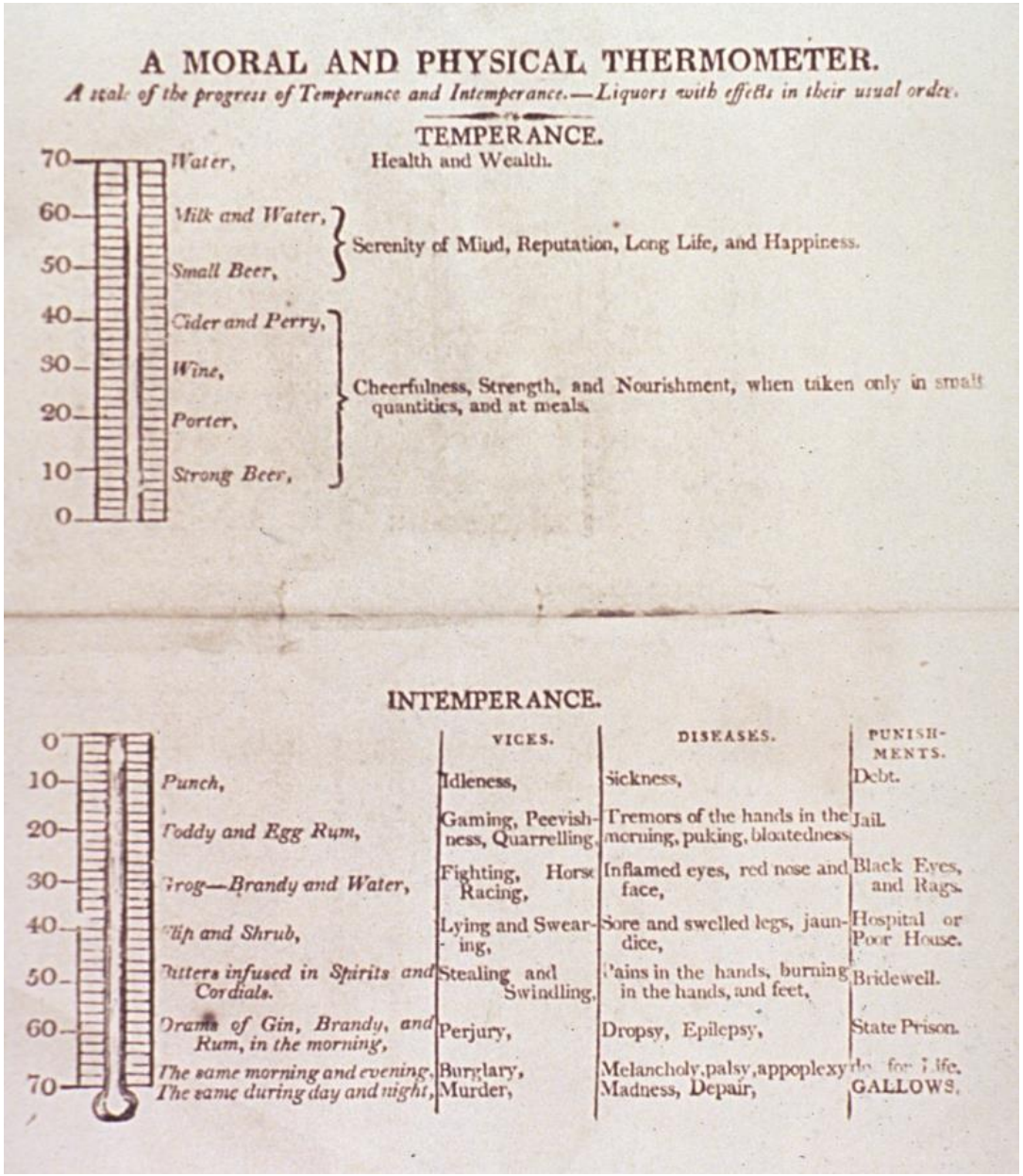
MORAL THEORY OF ADDICTION



A MORAL AND PHYSICAL THERMOMETER.

A scale of the progress of Temperance and Intemperance.—Liquors with effects in their usual order.

TEMPERANCE.

70 *Water,* Health and Wealth.

60 *Milk and Water,*

50 *Small Beer,* } Serenity of Mind, Reputation, Long Life, and Happiness.

40 *Cider and Perry,*

30 *Wine,*

20 *Porter,* } Cheerfulness, Strength, and Nourishment, when taken only in small quantities, and at meals.

10 *Strong Beer,*

0

INTEMPERANCE.

		VICES.	DISEASES.	PUNISHMENTS.
0 10	*Punch,*	Idleness,	Sickness,	Debt.
20	*Toddy and Egg Rum,*	Gaming, Peevishness, Quarrelling,	Tremors of the hands in the morning, puking, bloatedness,	Jail.
30	*Grog—Brandy and Water,*	Fighting, Horse Racing,	Inflamed eyes, red nose and face,	Black Eyes, and Rags.
40	*Flip and Shrub,*	Lying and Swearing,	Sore and swelled legs, jaundice,	Hospital or Poor House.
50	*Bitters infused in Spirits and Cordials.*	Stealing and Swindling,	Pains in the hands, burning in the hands, and feet,	Bridewell.
60	*Drams of Gin, Brandy, and Rum, in the morning,*	Perjury,	Dropsy, Epilepsy,	State Prison.
70	*The same morning and evening,* *The same during day and night,*	Burglary, Murder,	Melancholy, palsy, appoplexy Madness, Depair,	do. for Life. GALLOWS.

"Father of American Psychiatry"

-Believed Black people had a hereditary, curable skin disease

-His apprentice, Samuel Cartwright, known for "drapetomania"

-mental illness characterized by desire for freedom among people who were enslaved

NIH National Library of Medicine *Digital Collections*

A Moral and Physical Thermometer - Digital Collections - National Library of Medicine (nih.gov)

Published 1812

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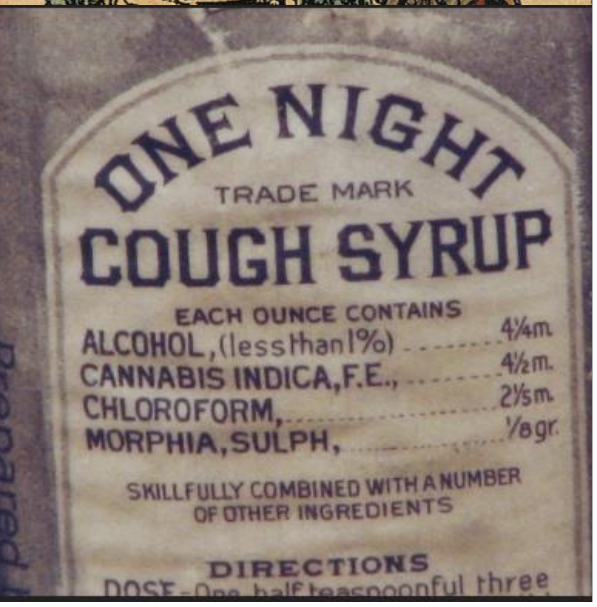
MID-1800S PHARMA ADVERTISING



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RACISM & DRUG CRIMINALIZATION

- Opium Exclusion Act of 1909 & 1914 Harrison Narcotic Act
  - Targeted people who immigrated from China
    - But just smoking and importing for smoking
    - Opium for medicine and medicinal use OK
- Marihuana Tax Act of 1937
  - Targeted people who immigrated from Mexico
    - Required tax stamp to possess or sell cannabis
      - Marijuana is a Mexican slang term – first “official” use
- Comprehensive Drug Abuse Prevention and Control Act of 1970
  - Targeted Black people and people in anti-war left (“hippies”)
    - Made cannabis, LSD, ecstasy Schedule I drugs

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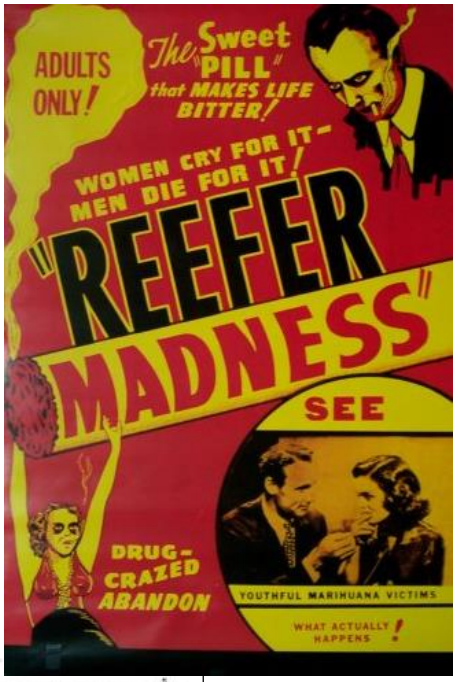

SUNDAY MORNING, SEPTEMBER 3, 1939. THE SEATTLE DAILY TIMES

MORE "Mary Jane" LAUGH ADDICTS

Widespread Indulgence Among Mexicans and Americans in Deadly Narcotic That Produces Hypnotic Hilarity—It Is Found in Flowered Tops of Indian Hemp—Another Drug Evil to Be Combated

By NELL RAY CLARKE.

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RACISM & DRUG CRIMINALIZATION

- Anti-Drug Abuse Act of 1986
  - Imposed new criminal sentences for crack cocaine
  - Inequities in penalties for powder versus crack cocaine
    - 100:1 weight ratio
      - 5-year mandatory min for 1st time simple possession
        - » Mass incarceration of Black men
          https://en.wikipedia.org/wiki/War_on_drugs#cite_note-24
- Fair Sentencing Act (2010)
  - Eliminated mandatory minimum for simple possession
  - Reduced the cocaine penalty disparity
    - …but it's still an 18:1 weight ratio

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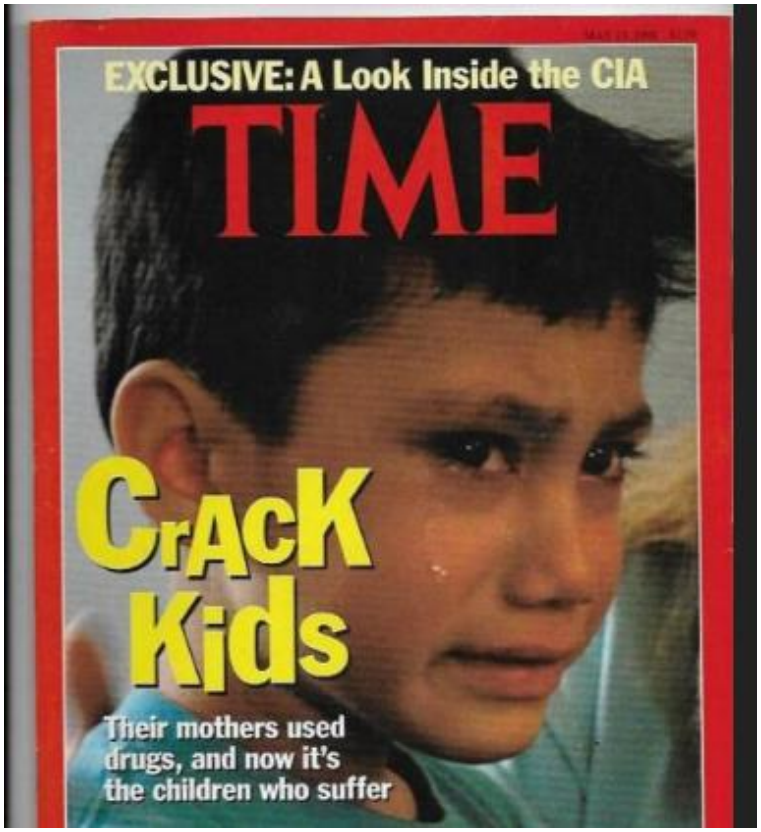

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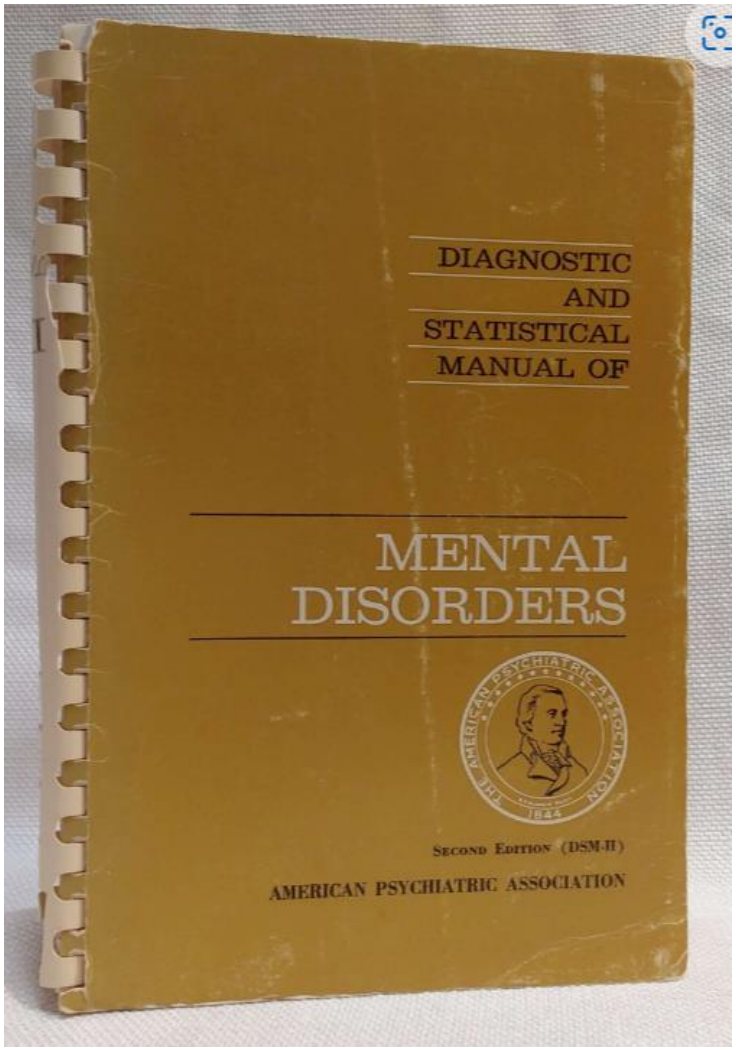
THE ROLE OF PSYCHIATRY: LABELS



- Original DSM (1952)
  - Sociopathic Personality Disturbance
    - Antisocial
    - Dyssocial
    - Sexual
    - **Addiction**
      - Alcoholism
      - Drug Addiction
- Addiction considered secondary to PD

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ELSEVIER

International Journal of Drug Policy
Volume 21, Issue 3, May 2010, Pages 202-207

Research paper

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms ☆

John F. Kelly, Cassandra M. Westerhoff

Vignettes with “substance user” v. “having a substance use disorder”

- Participants in the “substance user” condition “agreed more with the notion that the character was personally culpable and that punitive measures should be taken”

- Participants: 325 clinicians attending a mental health conference

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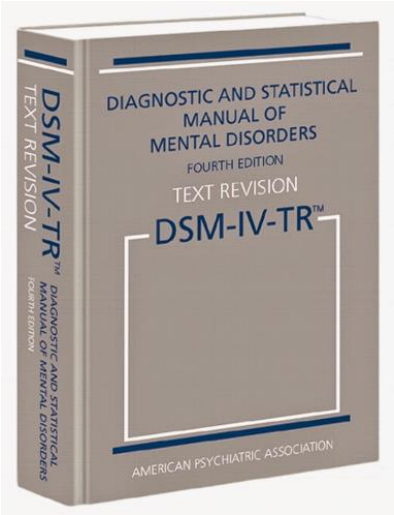
THE ROLE OF PSYCHIATRY: LABELS

- Out from DSM-IV-TR
  - Substance abuse
  - Substance dependence
  - Legal problems criterion



- DSM-5 (2013)
  - Substance use disorder
    - Severity specifier
  - Craving criterion added
  - 2/11 criteria

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NIDA: WORDS MATTER

How does stigma affect people with SUD?

- Feeling stigmatized can reduce the willingness of individuals with SUD to seek treatment.[1,2]
- Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.[2]
- Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.[3]

Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse (NIDA) (nih.gov)

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Drug and Alcohol Dependence
Volume 221, 1 April 2021, 108627

The role of stigma in U.S. primary care physicians' treatment of opioid use disorder

Elizabeth M. Stone [a b], Alene Kennedy-Hendricks [a b], Colleen L. Barry [a b], Marcus A. Bachhuber [c], Emma E. McGinty [a b]

- Survey of 361 PCPs
  - From AMA Physician Masterfile
- <30% willing to have person taking MOUD as a neighbor or marry into their family
- Greater stigma associated with lower likelihood of prescribing MOUD and lower support for policies to increase MOUD access.

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CURRENT NIDA RECOMMENDATIONS

Use...	Instead of...	Because...
▪ **Substance use disorder** ▪ **Drug addiction**	▪ Habit	▪ "Habit" implies that a person is *choosing* to use substances or can *choose* to stop. This implication is inaccurate.[5] ▪ Describing SUD as a habit makes the illness seem less serious than it is.
▪ **Use** (for illicit drugs) ▪ **Misuse** (for prescription medications used other than prescribed)	▪ Abuse	▪ The term "abuse" was found to have a high association with negative judgments and punishment.[7] ▪ Use outside of the parameters of how medications were prescribed is misuse.

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CURRENT NIDA RECOMMENDATIONS

Instead of...	Use...	Because...
▪ Addict	▪ Person with substance use disorder[1]	▪ Person-first language. ▪ The change shows that a person "has" a problem, rather than "is" the problem.[7] ▪ The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
▪ User	▪ Person with OUD or person with opioid addiction (when substance in use is opioids)	
▪ Substance or drug abuser	▪ Patient	

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CURRENT NIDA RECOMMENDATIONS

Instead of...	Use...	Because...
▪ Junkie	▪ Person in active use; use the person's name, and then say "is in active use."	▪ Person-first language. ▪ The change shows that a person "has" a problem, rather than "is" the problem.[7] ▪ The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
▪ Alcoholic	▪ Person with alcohol use disorder	
▪ Drunk	▪ Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
▪ Former addict	▪ Person in recovery or long-term recovery	
▪ Reformed addict	▪ Person who previously used drugs	

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PERSON-FIRST LANGUAGE (PFL)

- Separates identity of person and a given status
  - What a person has, not what a person is

- Person with schizophrenia
  - rather than “schizophrenic”
- Person with alcohol use disorder
  - rather than “alcoholic”

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IDENTITY-FIRST LANGUAGE (IFL)

- Acknowledging aspects inseparable from self
  - Can be way to show pride, identify as community member, increase visibility
  - Black woman

    I'm black first, a woman second. – Compulsive Culture
  - Autistic person
    - survey of 11,000 people – 76% prefer autistic person to PFL

      https://www.ameridisability.com/autistic-vs-person-with-autism-lets-talk-about-disability-language/
  - Deaf community

    https://nationaldeafcenter.org/resource-items/deaf-community-introduction/
  - Which to use?
    - Just ask! This is what person-centered language is all about!
  - Per NIH: Use person-first language if unsure

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CURRENT NIDA RECOMMENDATIONS

Instead of...	Use...	Because...
▪ Opioid substitution replacement therapy ▪ Medication-assisted treatment (MAT)	▪ Opioid agonist therapy ▪ Pharmacotherapy ▪ Addiction medication ▪ Medication for a substance use disorder ▪ Medication for opioid use disorder (MOUD)	▪ It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[6] ▪ The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.

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CURRENT NIDA RECOMMENDATIONS

Instead of...	Use...	Because...
▪ Clean	**For toxicology screen results:** ▪ Testing negative **For non-toxicology purposes:** ▪ Being in remission or recovery ▪ Abstinent from drugs ▪ Not drinking or taking drugs ▪ Not currently or actively using drugs	▪ Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] ▪ Set an example with your own language when treating patients who might use stigmatizing slang. ▪ Use of such terms may evoke negative and punitive implicit cognitions.[7]
▪ Dirty	**For toxicology screen results:** ▪ Testing positive **For non-toxicology purposes:** ▪ Person who uses drugs	▪ Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[9] ▪ May decrease patients' sense of hope and self-efficacy for change.[7] ▪

Drug detected/undetected

Drug expected/unexpected
(UW PACC 2022)

1. Saitz R, Miller SC, Fiellin DA, et al. Recommended use of terminology in addiction medicine. *J Addict Med*. 2021;15:3–7.

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CURRENT NIDA RECOMMENDATIONS

Use...	Instead of...	Because...
▪ **Baby born to a parent who used drugs while pregnant** ▪ **Baby with signs of withdrawal from prenatal drug exposure** ▪ **Newborn exposed to substances** ▪ **Baby with neonatal abstinence syndrome**	▪ Addicted baby	▪ Babies cannot be born with addiction because addiction is a behavioral disorder. ▪ Using person-first language can reduce stigma. ▪ Use of medical terminology (the same way you would for other illnesses) can help reduce stigma.[8]

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OTHER CLINICAL LANGUAGE

Common term	Issue	Alternative
Treatment resistant	Implies patients are intentionally not following through/not interested in change	Describe patient decisions without judgmental language Ex: Patient who discontinued prescribed medications/ behavioral treatment sessions
Noncompliance	Assumes provider knows what's best	
Treatment nonadherence	Implies treatment engagement necessary for positive change	
Dropout	Patient at fault, could not handle treatment; assumes patient needed more treatment	
Treatment failure/ Relapse	Implies patient failure; often focuses on abstinence as necessary	Describe changes in substance use, consequences, and functioning / Focus on patient goals, rather than assume abstinence goals

Nonstigmatizing and Precise Terminology to Describe Processes and Outcomes in Addiction Medicine

Rory A. Pfund, PhD, Samuel C. Peter, MS, Joshua K. Swift, PhD, and Katie Witkiewitz, PhD

J Addict Med • Volume 16, Number 3, May/June 2022

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SOME RECOMMENDATIONS FOR JEDI LANGUAGE

Indigenous Peoples around the world: when writing about Indigenous Peoples, use the names that they call themselves. In general, refer to an Indigenous group as a "people" or "nation" rather than as a "tribe." For information on citing the Traditional Knowledge or Oral Traditions of Indigenous Peoples as well as the capitalization of terms related to Indigenous Peoples, see Section 5.7 of the *Publication Manual* (APA, 2020b).

BIPOC (Black, Indigenous, and people of color): people use the term BIPOC to acknowledge that not all people of color face equal levels of injustice. The construction of the term "BIPOC" recognizes that Black and Indigenous people are severely impacted by systemic racial injustices (Merriam-Webster, n.d.-a). The term BIPOC is still considered by many to indicate a hierarchy among communities of color. Instead of BIPOC, the preferred term(s) to use are "people/persons of color" and "communities of color."

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CURRENT JEDI RECOMMENDATIONS

Hispanic, Latin(a/o), Latinx: when writing about people who identify as Hispanic, Latino or Latinx, Chicano, or another related designation, authors should consult with their participants to determine the appropriate choice. Note that "Hispanic" is not necessarily an all-encompassing term, and the labels "Hispanic" and "Latinx" have different connotations. The term "Latinx" (and its related forms) might be preferred by those originating from Latin America, including Brazil. Some use the word "Hispanic" to refer to those who speak Spanish; however, not every group in Latin America speaks Spanish (e.g., in Brazil, the official language is Portuguese). The word "Latino" is gendered (i.e., "Latino" is masculine and "Latina" is feminine). "Latinx" can also be used as a gender-neutral or nonbinary term inclusive of all genders. There are compelling reasons to use any of the terms "Latino," "Latina," "Latino/a," and/or "Latinx" (see de Onís, 2017), and various groups advocate for the use of different forms. Use the term(s) your participants or population uses; if you are not working directly with this population but it is a focus of your research, it may be helpful to explain why you chose the term you used or to choose a more inclusive term like "Latinx." In general, naming a nation or region of origin is preferred (e.g., Bolivian, Salvadoran, or Costa Rican is more specific than Latino, Latinx, Latin American, or Hispanic; APA, 2020b).

What I currently use: Latina/o/e

[A Brief Explainer on Latine and Latinx - Hispanic Executive]

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REPLACE CULTURALLY OFFENSIVE LANGUAGE

"long time no see" or "no can do": these terms as well as other expressions using "broken" English originate from stereotypes making fun of nonnative English speakers, particularly applied to Indigenous people and Asians. Suggested alternatives: "It's been a while!" and "Sorry, I can't" (Brandeis University PARC, n.d.).

pipeline: a term that is considered offensive and triggering to Indigenous communities as a result of oil companies transporting crude oil through the sacred lands of American Indians or Native Alaskans living in the United States, contaminating their water supply. The National Congress of American Indians (2019) recommends that allies for Indian country should avoid careless use of words that refer to historical trauma or socioeconomic conditions. Suggested alternative: pathway.

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2SLGBTQIA+

Sexual orientation and gender diversity: Terms to avoid and suggested alternatives

Term to avoid	Suggested alternative	Comment
birth sex natal sex	assigned sex sex assigned at birth	
born a girl, born female born a boy, born male	assigned female at birth (AFAB) assigned male at birth (AMAB)	
hermaphrodite tranny transvestite transsexual (unless being used medically) “transgendered” Preferred pronouns	LGBTQ+, LBGTQIA+, etc. transgender people trans and gender nonbinary folks or folx genderqueer queer* pronouns	The term “tranny” is considered a slur. *Consider your audience when using the term “queer”; not everyone receives this word positively; many members of the LGBTQIA+ community have now reclaimed it.

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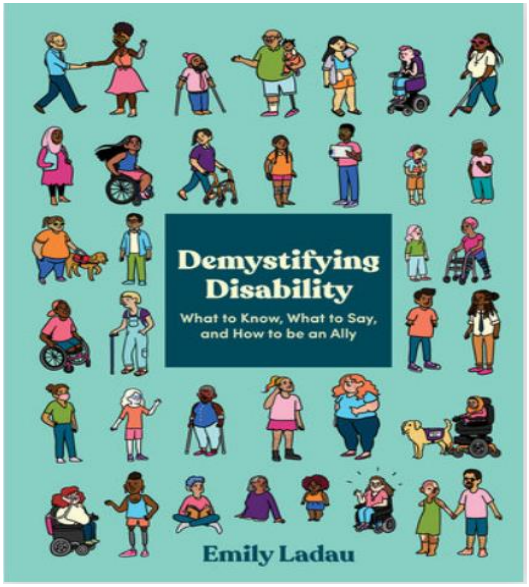
LANGUAGE FOR DISABILITY STATUS

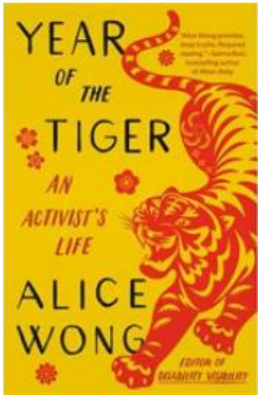
What to Say

Remember, it's always best to ask a person what terms work for them based on their own lived experiences and identity. We'll unpack some of the words and concepts from this table throughout the book.

Say This	Not This
✓ disability/disabled ✓ person with a disability/ disabled person	× differently abled (unless preferred) × handi-capable × handicap/handicapped × special needs (unless preferred)
✓ has a disability ✓ is disabled	× afflicted by × suffers from × victim of
✓ person who is able to	× high functioning
✓ person who is unable to ✓ person with high support needs	× low functioning



https://www.npr.org/2022/02/18/1081713756/disability-disabled-people-offensive-better-word



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OTHER SUGGESTIONS

Disproportionately affected vs. vulnerable groups

Avoid use of terms such as *vulnerable*, *marginalized*, and *high-risk* as adjectives. These terms are stigmatizing and vague. They also imply that the condition is inherent to the group rather than the actual causal factors.

The preferred terms are *disproportionately affected, groups that have been [economically/socially] marginalized, groups at higher risk of [outcome], groups experiencing disadvantage, groups experiencing disproportionate impact, population of focus*, or *under-resourced communities.*

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REPLACE VIOLENT LANGUAGE

Engage, prioritize vs. target, tackle

Use *engage*, *prioritize*, or *consider the needs of* instead of *tackle, target, combat*, or other terms with violent connotation when referring to people, groups, or communities.

These terms are okay to use when referring to disease, e.g., "NIH works to combat Alzheimer's disease and related dementias..."

- "shoot an email"
- "take a stab at it"
- [Violent Phrases That Are Used In Everyday Speech | Violent Language | Learn More | Center for Hope & Safety (hopeandsafety.org)]

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OTHER SUGGESTIONS

Immigrant, refugee vs. illegal aliens, foreigners

AP Stylebook: Immigration

Use *people with undocumented status, mixed-status households, immigrant, migrant, asylum seeker, refugee,* or *non-U.S.-born people* (as appropriate and contextually) instead of stigmatizing terms such as *illegals, illegal immigrants, illegal aliens, illegal migrants, foreigners,* or *the foreign-born.*

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OTHER SUGGESTIONS

Stakeholder vs. collaborator

Avoid the term *stakeholder* when referring to working partners and community collaborators, especially when working with Tribes. Instead, use terms that describe the nature of their influence or involvement.

Stakeholder can be used to reflect a power differential between groups and has a violent connotation for some Tribes and Tribal members. It also groups all parties into one term, despite potential differences in the way they are engaged or interact with a project or activity.

Some alternative terms are *community members*, *persons affected by [policy/program/practice]* or *partners, collaborators, allies, community engagement,* or *Tribal engagement*.

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OTHER SUGGESTIONS

Suffering from

Do not use general phrases like *suffering from (condition/disorder)*. The word suffering has social and emotional implications that are unhelpful. Use specific medical language instead.

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OTHER SUGGESTIONS

Person-first and identity-first language: Terms to avoid and suggested alternatives

Term to avoid	Suggested alternative
victim, survivor	person who has experienced... person who has been impacted by...
wheelchair-bound	person who uses a wheelchair
mentally ill	person living with a mental health condition person with a mental disorder person with a mental illness
abusive relationship	relationship with a person who is abusive
addict	person with a substance use disorder
homeless person	person without housing
prostitute	person who engages in sex work
prisoner, convict	person who is/has been incarcerated
slave	person who is/was enslaved

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LANGUAGE RESOURCES

- https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction
- https://www.nih.gov/nih-style-guide/person-first-destigmatizing-language
- https://www.cdc.gov/healthcommunication/Preferred_Terms.html
- https://www.cdc.gov/healthcommunication/Resources.html

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THE MESSAGE

- People who use substances experience stigma
  - Intentional, person-centered language can help reduce stigma
- Words are not enough
  - Respectful language is necessary, not sufficient
- Communication is difficult
  - Intent and impact may differ
    - Listen to the people impacted
  - Language is constantly evolving
    - It can be hard to keep up, AND it's important
- What we say and how we say it matters
  - Person-centered language
  - Person-empowering language

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BRAINSTORMING TIME!

- How can we address stigmatizing language?
  - Call in v. call out
    - Educate without lecturing
      - Share research findings
      - Share personal reactions
    - Modeling

- How else can we address stigma?

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THANK YOU SO MUCH.

Questions? Comments? Feedback?

I am here for it! Please reach out @ bblancha@uw.edu

Thank you again for helping to create this safe and brave space for us to learn together.

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