

# Nexus

Dual Diagnosis Consultation Service

The background features several thick, dark blue curved lines that sweep across the page from left to right, creating a sense of movement and framing the central text.

# **Stigma and Language**

Ange Wallace

Senior Clinician

# Acknowledgement

We acknowledge the traditional custodians of the lands on which we are meeting today.


We acknowledge that they have occupied and cared for these lands over countless generations, and we celebrate their contributing contribution to the lives of these regions



# Stigma

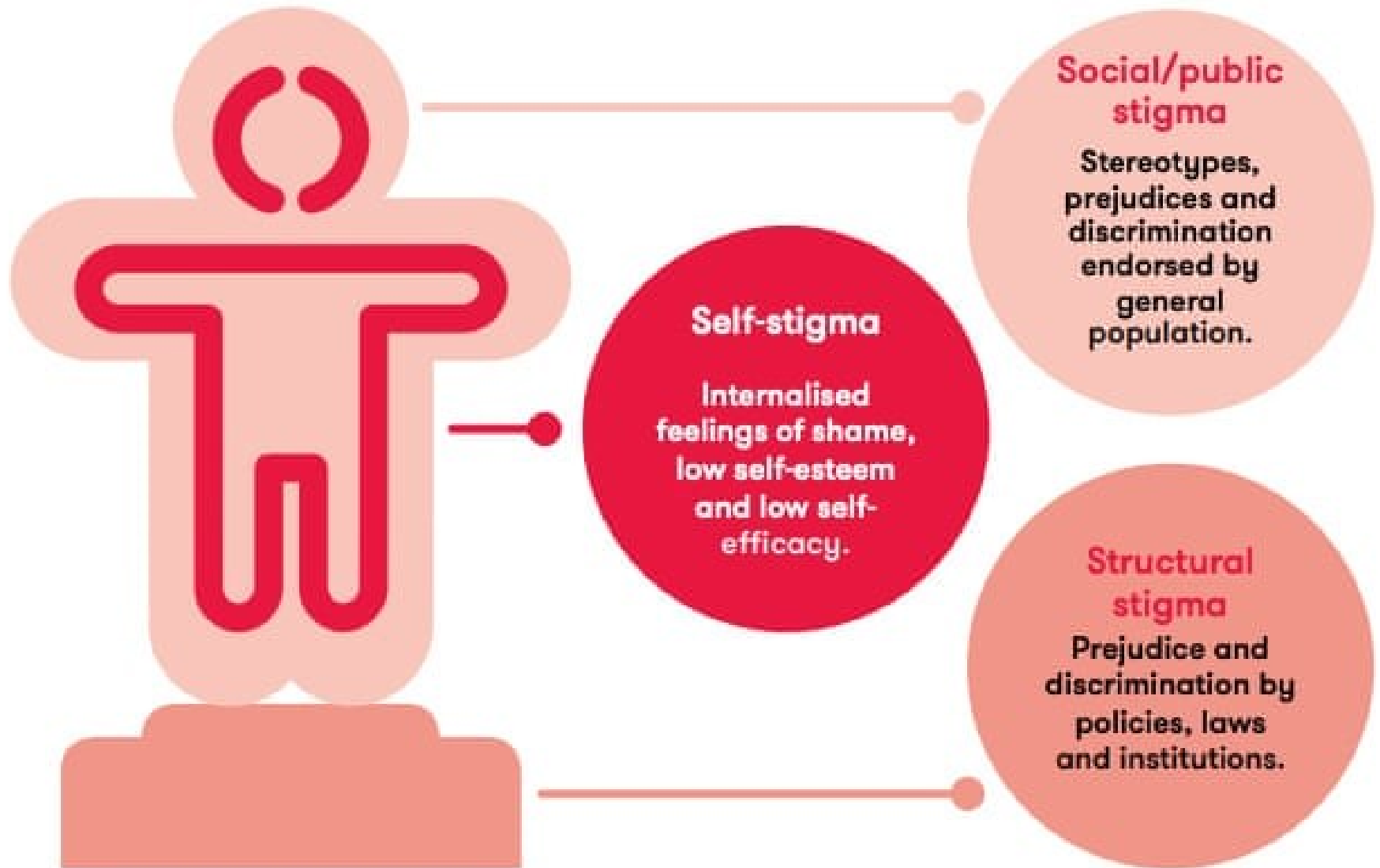
- Stigma is a social process that occurs when a person is deemed by others to possess a trait or status that makes them less acceptable.
- Stigma is the process whereby an individual or group of people are held in contempt, “othered” or viewed in a negative way because of their behaviour or a characteristic they possess. These characteristics or behaviours are considered outside of what is generally considered “normal”.
- When a person experiences stigma it "makes you start believing in the stereotypes about yourself."
- As clinicians, we need to recognise that stigma and value judgments about trauma, mental health and/or substance use (internalised by clients/consumers and expressed by ourselves) can interfere with treatment-seeking and staying engaged.

# What is stigma?

- Stigma is described in the Oxford Dictionary as a “*mark of disgrace*” and occurs when an individual or group of people are discredited in relation to how they live, the actions they take, or for one or more of their behaviours.
  - The Stereotype: “those people/people with a mental illness are not good employees”.
  - Prejudice: agreeing with the stereotype, “people with a dual diagnosis are always unreliable, etc”.
  - Discrimination: “refusing to employ or provide a lease for a home etc or have different response of care when a person presents at ED”. Refusal of service.
- 

## Types of stigma

Stigma manifests in three primary forms:<sup>12</sup>



# Causes of Stigma

- Importantly, there is no one “cause” of stigma. It is a complex social phenomenon and there are many different ideas about why stigma exists, and why stigma has been attached to different human traits, behaviours and experiences over time.
- Although ‘why’ is an extremely difficult question to answer, what we do know is that stigma is harming the people to whom it is attached.




# Stigma – why it matters...

- Research and user experience surveys suggest that the experience of stigma could be considered as a social determinant of health.
- Stigma has been shown to worsen stress, reinforce differences in socio-economic status and delay help-seeking.
- It can also lead to people leaving treatment and support services.
- We need to consider the person as a whole, not the aspects of their individual diagnoses.





## The lived experience of stigma from ADF


- *“The campaigns made out all ice users are violent people, so I was met with violence and fear when using health services.”*
  - *“All my health issues were seen as stemming from my drug use, rather than a lifetime of abuse and mental health concerns.”*
  - *“Stigma creates a cycle of self-stigma, shame, and unworthiness. A loss of health, a loss of life.”*
- 

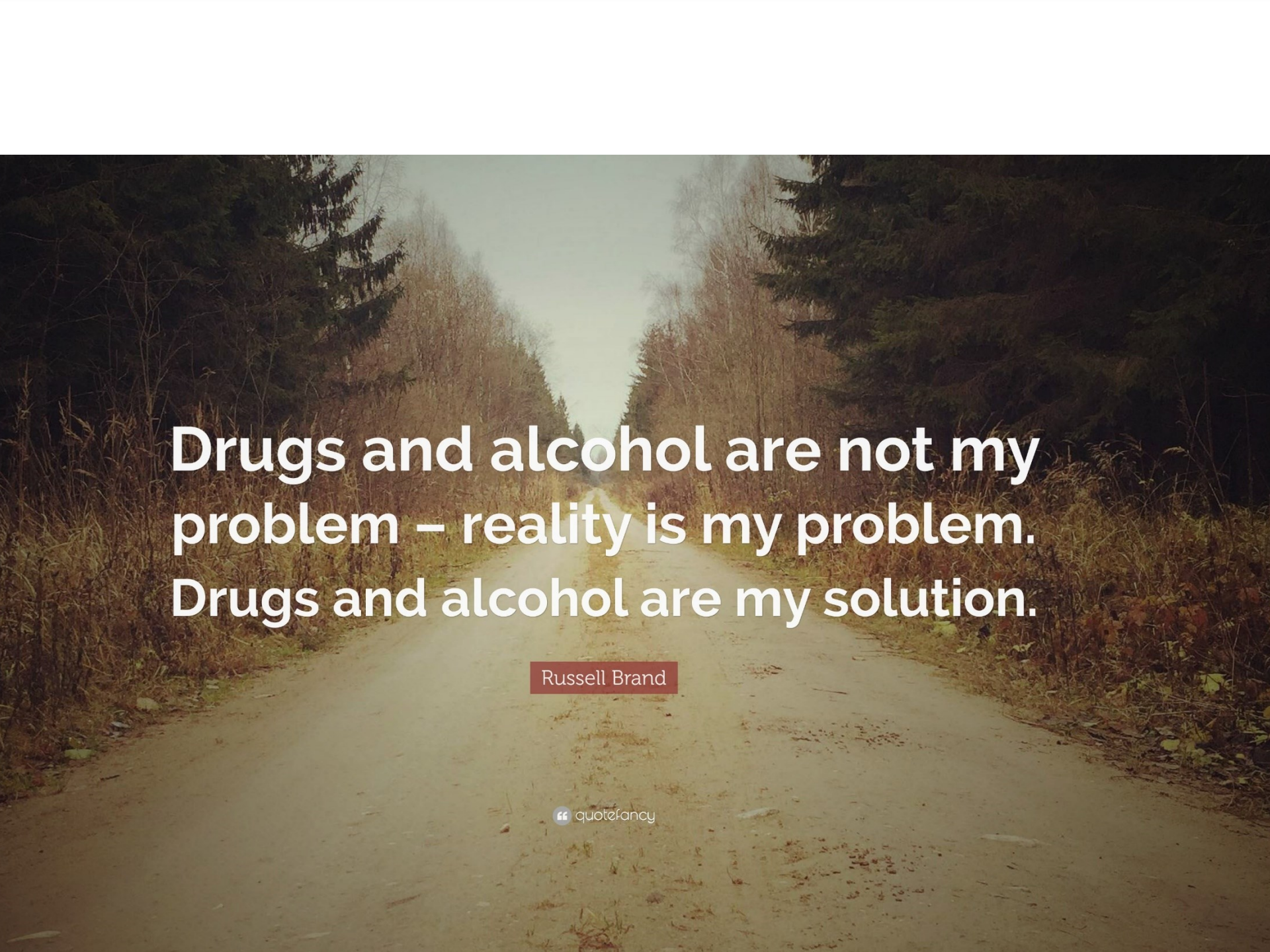
# Stigma – why it matters...

- Harmful misconception that being dependent on a drug is an act of “personal choice or moral failure”,... can lead to people who are dependent on alcohol or other drugs not receiving enough social support and internalising blame.
- Language that is inaccurate and dehumanising plays a critical role in the process of stigmatisation. Consequently, when stigmatising language is circulated by the media it reaches a wide audience, creating and perpetuating negative stereotypes and attitudes.



# The lived experience of stigma

- *“What I’ve done to address stigma is not to disclose my use to health care professionals.”*
  - *“When I disclosed that I smoked cannabis I was told there was nothing that could be done for my anxiety until I stopped smoking and I wasn’t offered any support for my cannabis use either.”*
- 



**Drugs and alcohol are not my  
problem – reality is my problem.  
Drugs and alcohol are my solution.**

Russell Brand

# MESSAGE GUIDE DRUG STIGMA

## Segmentation

Our research identified three key attitudinal groups related to drug stigma:

- **Supporters:** people who strongly agree with messages suggesting *people who use drugs deserve the same respect and care as everyone else and should not be punished*
- **Persuadables:** people who hold weaker attitudes overall and tend to *move between oppositional and supporter perspectives.*
- **Opponents:** people who strongly agree with messages suggesting *people who use drugs need to be punished and shamed*

Our survey found that supporters and opponents each represent less than one-fifth of Australians, while the remaining two-thirds of the population is persuadable.



# Illness Model of Health

- Supports stigma by focusing on problems/ deficits of the person
- Treatment options are based on diagnosis
- Doesn't allow for person's story
- Continually reinforces/emphasises the individual's problems (every session)
- Medical-ises issues
- Assumes something is wrong
- Doesn't allow for functionality of the presentation to be considered (e.g. substance use, DSH, etc)



# Stigma = disconnection

So the opposite of  
addiction is not sobriety. It  
is human connection.

Johann Hari

“ quote fancy

A Grounded Theory  
on  
**CULTIVATING  
MEANINGFUL  
CONNECTION**

by Brené Brown



Developing  
**Grounded  
Confidence**

Practicing  
**the Courage to  
Walk Alongside**

Practicing  
**Story  
Stewardship**

CONNECTION is the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.



# The MadQuarry Dictionary:

A consumer's guide to the language of mental health

## Community Awareness Campaigns *noun*

1. **Consumers** as Stories and Clinicians as ... we've moved so far away
2. Do we really want everyone about the medical model definition of what it means to be human?

Our Consumer Place is Australia's Mental Health Resource Centre run entirely by people diagnosed with 'mental illness'



[ourconsumerplace.com.au](http://ourconsumerplace.com.au)  
Mental Health Resource Centre for people with mental illness

Our Consumer Place acknowledges the support of the Victorian Government



Our Consumer Place is supported by Our Community



## A

**Abscond (from hospital)** *verb* 1. Needing some time-out to work out future strategies. 2. Searching for community. 3. Searching for inclusion. 4. Self-determination. 5. **Lift watching**  
The act of developing an escape plan

## B

**'Back into the community'** *verb* 1. Back into isolation, homelessness, drunkenness, poverty, horrid boarding houses, maybe if you're very lucky, a dog. 2. Meaningless mantra to justify kicking people out of hospital.

## C

**Capacity** *noun* 1. Good if you know you have to get out of hospital but bad if you know you have to get in. 2. Legal or medical? Oh! Thank you for the grant of two capacity awards. Blessings upon you. 3. **Blanket Incapacity:** Hiding from you lot. 4. **Financial Administration Cap-acity** I will



# Stigma & Language



1. No boundaries .....
2. Manipulative .....
3. Overinvolved .....
4. Non-compliant .....
5. Druggie/Junkie .....
6. Interfering .....
7. Substance abuse .....
8. Complex patient/client .....
9. Resistant/unmotivated .....
10. Addict .....
11. Borderline .....
12. Lacking trust .....
13. Suffering from addiction .....
14. Falling off the wagon .....
15. Clean/dirty (eg: needles, urine tests) .....
16. Doctor shopper .....
17. Liquid handcuffs .....
18. Lacks insight .....
19. Drug seeking behaviour .....
20. Victim .....



# Language matters

**Language is powerful**—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.


## When working with people who use alcohol and other drugs...

 try this	 instead of this
<b>substance use, non-prescribed use</b>	abuse   misuse   problem use   non-compliant use
<b>person who uses/injects drugs</b>	drug user/abuser
<b>person with a dependence on...</b>	addict   junkie   druggie   alcoholic
<b>person experiencing drug dependence</b>	suffering from addiction   has a drug habit
<b>person who has stopped using drugs</b>	clean   sober   drug-free
<b>person with lived experience of drug dependence</b>	ex-addict   former addict   used to be a...
<b>person disagrees</b>	lacks insight   in denial   resistant   unmotivated
<b>treatment has not been effective/chooses not to</b>	not engaged   non-compliant
<b>person’s needs are not being met</b>	drug seeking   manipulative   splitting
<b>currently using drugs</b>	using again   fallen off the wagon   had a setback
<b>no longer using drugs</b>	stayed clean   maintained recovery
<b>positive/negative urine drug screen</b>	dirty/clean urine
<b>used/unused syringe</b>	dirty/clean needle   dirties
<b>pharmacotherapy is treatment</b>	replacing one drug for another

Adapted from Language Matters from the National Council for Behavioural Health, United States (2015) and Matua Raki, New Zealand (2016).



## When working with people who use alcohol and other drugs...

 **try this**

 **instead of this**

**substance use, non-prescribed use**

abuse

misuse

problem use

non-compliant use

**person who uses/injects drugs**

drug user/abuser

**person with a dependence on...**

addict

junkie

druggie

alcoholic

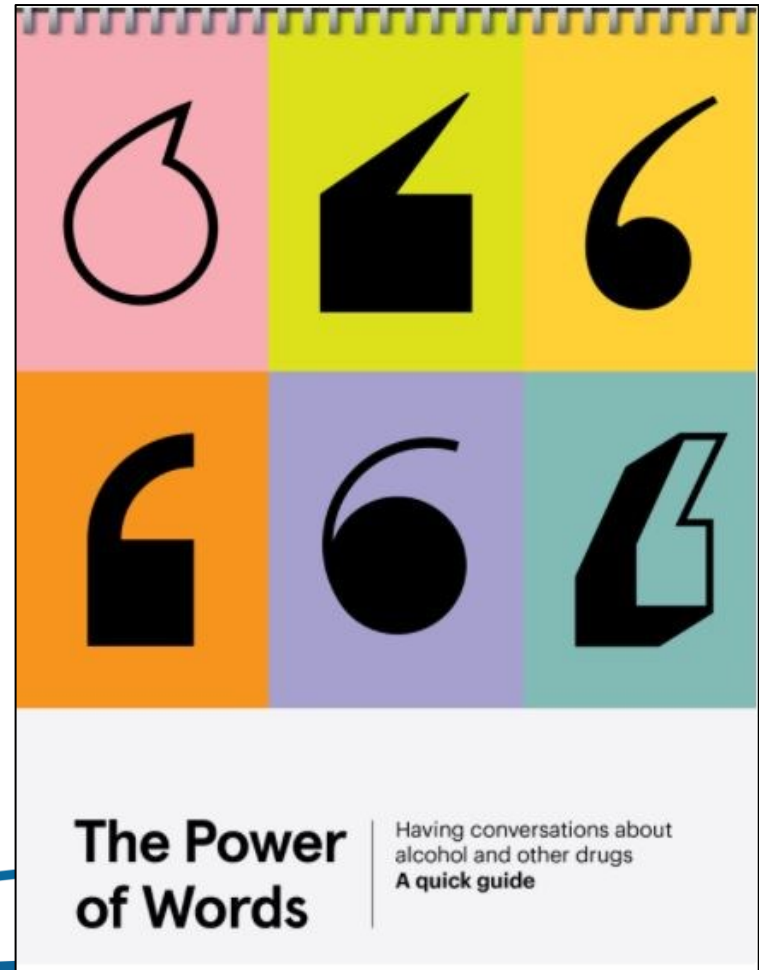
**person experiencing drug dependence**

suffering from addiction

has a drug habit

# Language is important to consider..

- Use person-first and person-centred language.
- Language is broader than just words used. Adapt your body language and tone to convey respectful engagement.
- Avoid framing alcohol and drug use as a moral failing. It is a health and social issue.
- Choose terms that are strengths-based and empowering.
- Keep your audience in mind as words can mean different things to different audiences, depending on language and cultural contexts. Not everyone understands mental-health/AOD-speak.



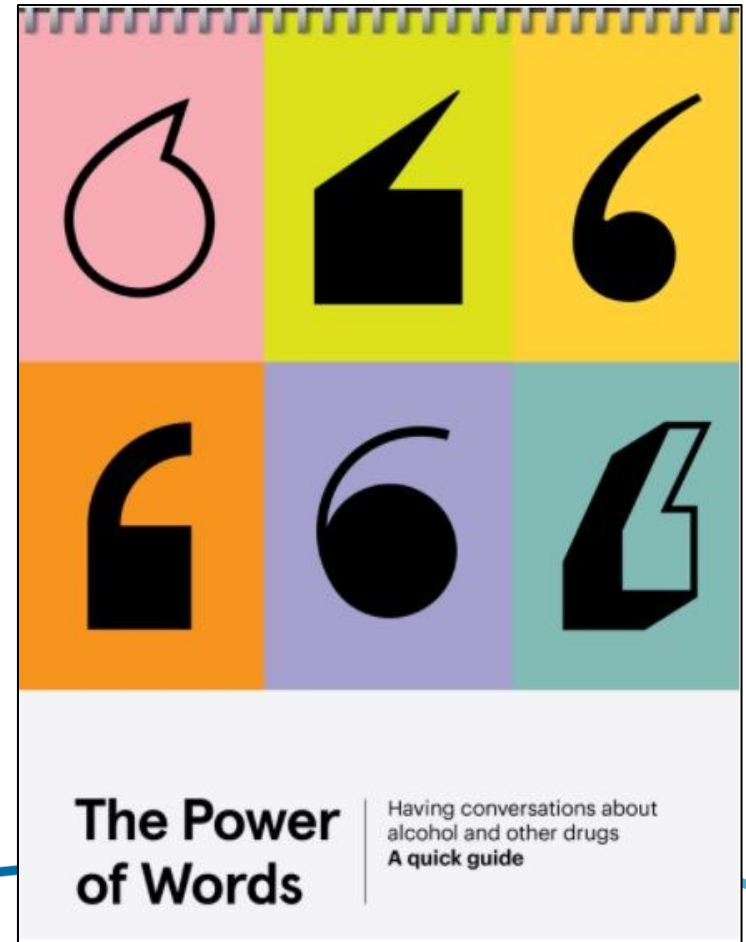
# Language is important to consider...

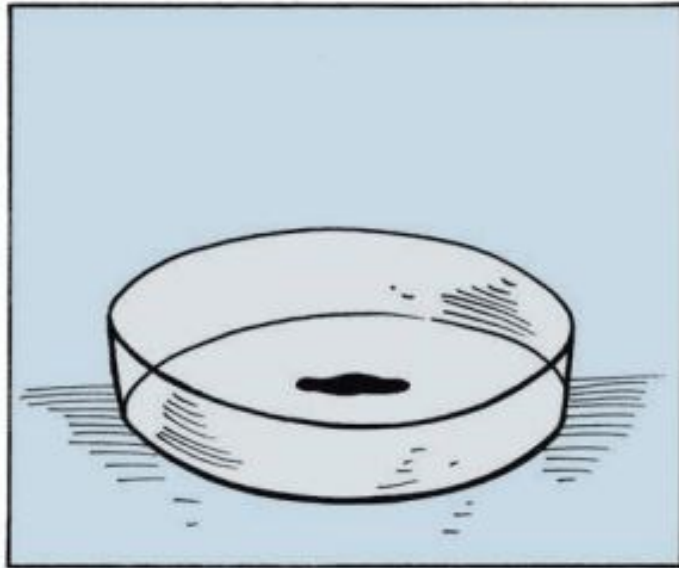
Ask the person what terminology they prefer:

- Client
- Consumer
- Patient
- Service User
- Participant
- Person who experiences...
- Consider pronouns e.g. them/they

Encourage self-reference terminology to be positively focused e.g. not referring to themselves as an addict or alcoholic.

(adapted from the Power of Words. <http://anyflip.com/line/fqdv/>)





# How to ask sensitive questions?

Asking sensitive questions: Considering the consumer perspective





## Tackling stigma bringing hope



**What can you do?**



# Tackling stigma; bringing hope

Get to know the Peer Support Workforce

Use their expertise, explore ways of working together, develop collaborative practices and together share stories of hope and recovery

An essential element of any treatment plan is the holding and sustaining of **hope** for clients

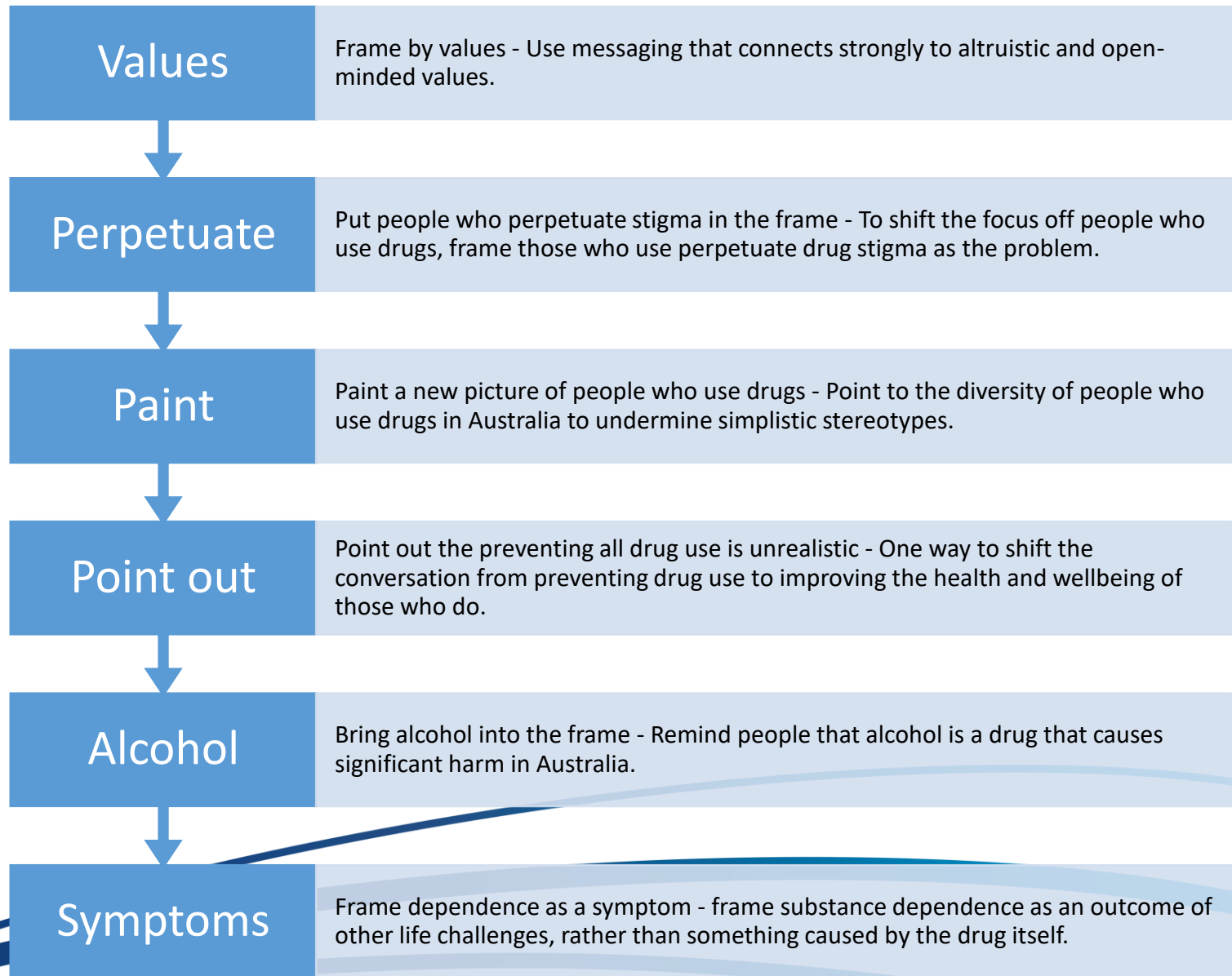
Work on constant improvement of practices

Develop good compassionate collective care and other positive practices to lessen the likelihood of empathic distress (previously known as Compassion Fatigue)

# Top Tips

First	Don't scare	Avoid	Don't Mythbust	Abandon	Empathy
<b>DO NO HARM!</b>	Don't scare people - Avoid messaging that activates fear and disgust or implies that all drug use is necessarily problematic.	Law & Order Framing - Avoid justifying drug policy reform or drug treatment services from the perspective of reducing crime or increasing community safety.	Stop reminding people of unhelpful ideas and tell your story instead. When you mythbust, you mythbuild.	The War on Drugs - Stop talking about the failed war on drugs. It traps us in an unhelpful frame and fails to move persuadable audiences.	Don't build empathy through enjoyment - Framing drugs as enjoyable does not build empathy for people who use drugs.

# Tell a new Story



# Addicted Australia

SBS ONDEMAND

Home

TV Shows

Movies

Live TV

Sport

Search 11,000+ h...

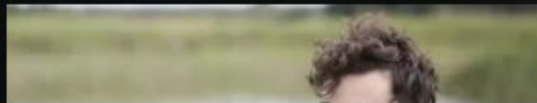


# Addicted Australia

Documentary

1 season available English **M** **CC** **HD**

We gain extraordinary access to the lives of a group of Australians and their families as they confront their addiction head on. Signed up to a unique six-month treatment program, we follow their heart wrenching journey from despair to hope and possible recovery.



Start Here

S1 E1: Episode 1

[HOME](#)

[ABOUT](#)

[REAL STORIES](#)

[GET INFORMED](#)

[TAKE ACTION](#)

[BLOG](#)



# National Convention

## 12-14 September

[Find out more](#)

# Rethink Addiction

When 'I' is replaced  
by 'We'  
even 'illness' becomes  
'wellness'.



# Resources

- <https://adf.org.au/resources/power-words/>
- <https://www.ourcommunity.com.au/files/OCP/MadQuarryDictionary.pdf>
- <http://anyflip.com/line/fqdv/>
- <https://nada.org.au/resources/language-matters/>
- [https://smartrecoveryaustralia.com.au/wp-content/uploads/2021/05/Message\\_Guide\\_Drug\\_Stigma-1.pdf](https://smartrecoveryaustralia.com.au/wp-content/uploads/2021/05/Message_Guide_Drug_Stigma-1.pdf)
- <https://www.ncbi.nlm.nih.gov/books/NBK384923/>
- <https://adf.org.au/insights/stigma-people-who-use-drugs/>
- <https://www.rethinkaddiction.org.au/>
- [https://www.sbs.com.au/ondemand/program/addicted-australia/?cx\\_cid=od:search:sem:convert:alwayson::prog&gclid=Cj0KCQjwntCVBhDdARIsAMEwACnP3\\_cybV9iotPtouT2cryqBGO99-knnjYJrXhwaFnW5\\_zyyE5yPCAaAoXsEALw\\_wcB&gclsrc=aw.ds](https://www.sbs.com.au/ondemand/program/addicted-australia/?cx_cid=od:search:sem:convert:alwayson::prog&gclid=Cj0KCQjwntCVBhDdARIsAMEwACnP3_cybV9iotPtouT2cryqBGO99-knnjYJrXhwaFnW5_zyyE5yPCAaAoXsEALw_wcB&gclsrc=aw.ds)



# Thank you!



## Creative Commons

You are free to share and adapt the content as per the [creative commons](http://creativecommons.org/licenses/by-nc-sa/3.0/) license provided that Nexus and the VDDI is acknowledged, under the following conditions:

- **Attribution** - You must attribute the work to Nexus and the VDDI but not in any way that suggests that the Nexus or the VDDI endorses you or your use of this work
- **Non-commercial** - You may not use this work for commercial purposes.
- **Share Alike** - If you alter, transform, or build upon this work, you may distribute the resulting work only under the same or similar license to this one.

See <http://creativecommons.org/licenses/by-nc-sa/3.0/>

