SOCK IT TO STIGMA

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Mental Health, Addiction, Stigma & Language
It’s What We Say and How We Say It
Objectives

* What is Stigma?
* Powerful Nature of Stigma
* The Power of Words
* Examples of Stigma
* Combating Stigma
Rena Nora, M.D.

“Treat People as People”
Stigma

* A mark of disgrace that sets a person or a group apart
* Social groups are devalued, rejected, and excluded on the basis of socially discredited health condition(s)
* Most experts agree the biggest barrier to addiction treatment faced by clients is stigma
* Many people living with addiction and/or a mental health disorder say the stigma they face is worse than the illness itself
* Stigma, often inadvertent, is what is inflicted upon an individual by others or by themselves
* The individual carries shame, e.g., feeling like a failure
* As an object of shame, stigma feeds into the forces of isolation and denial that push people deeper into the addictive process and further away from the hope of recovery
Powerful Nature of Stigma

Mental illness is nothing to be ashamed of, but stigma and bias shame us all

- Bill Clinton
Consequences of Mental Health Stigma

* Distrust, fear, stereotyping, discrimination
* Fear that confidentiality will be breached
* Difficulties in securing housing and employment - persons who are labeled mentally ill less likely to be hired
Mental Health Stigma

* Belief that revealing a criminal record to an employer is less deleterious than revealing a mental illness
* Inadequate access to health insurance benefits and equitable coverage for treatment
* Some with mental illness are most creative and imaginative (Lincoln and Churchill)
MENTAL HEALTH
STIGMA
IN NUMBERS

70% of young people say mental health stigma has made them less likely to talk to others about their mental health.

#IAMWHOLE

*Research was carried out with 2,072 young people, aged 11-24 from across England & Wales. The research was commissioned as part of the #IAMWhole mental health campaign from the NHS & YMCA.
Mental Health/Substance Use Disorder Facts

* Nearly 25% of US adult population live with MH or substance use disorders on annual basis
* 18 million Americans are affected by depression annually
* Depression is leading cause of disability in US for ages 15-44
Mental Health/Substance Use Disorder Facts

* Successful treatment of MI-schizophrenia (60%), depression (70-80%) and panic disorder (70-90%) surpass those of other medical conditions (heart disease-45-50%)

* Cost of untreated mental illness exceeds $300 billion (Productivity, health care, societal costs)
Mental Health/Substance Use Disorder Facts

* Cost of substance use disorder is greater than $820 billion a year and growing
* If MH stigma is permitted it will prevail at continued expense of communities
Gambling Addiction

* Estimated cost- $6.7 billion annually (Cost to families and communities from bankruptcy, divorce, job loss and criminal justice)

* Primarily due to stigma, less than 8% of individuals with gambling disorder will seek treatment
Homelessness, addiction, and mental health issues do not define me.

I am a person first.

Stop stigma. Support recovery. Help someone.
Stigma and Words

*Stigmatizing words often
  * Discriminate
  * Discourage
  * Exclude
  * Isolate
  * Misinform
  * Shame
  * Embarrass

*Stigma is generated and perpetuated by prejudicial attitudes and beliefs
Stigma and Words

Language frames what the public thinks about substance use and recovery and it can affect how individuals think about themselves and their own ability to change. But most importantly language intentionally and unintentionally propagates stigma. (Broyles, 2014)
“They have the power to teach, the power to wound, the power to shape the way people think, feel and act towards others.”

Otto Wahl
Examples of Stigma

* Defining people by their disorder
* Hurtful words and comments
* Sensationalizing addiction
* Generalizing addiction

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What Stigmatizing Words Do We Use?
# Stigmatizing Words

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Substance Misuse</th>
</tr>
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<tbody>
<tr>
<td>* Psycho</td>
<td>* Alky</td>
</tr>
<tr>
<td>* Insane</td>
<td>* Junkie</td>
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<tr>
<td>* Nut job</td>
<td>* Drunk</td>
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<tr>
<td>* Crazy</td>
<td>* Souse</td>
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<td>* Loony</td>
<td>* Rummy</td>
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<tr>
<td>* Freak</td>
<td>* Boozer</td>
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<tr>
<td>* Wacko</td>
<td>* Lush</td>
</tr>
<tr>
<td>* Spastic</td>
<td>* Dope fiend</td>
</tr>
<tr>
<td>* Screw loose</td>
<td>* Dope sick</td>
</tr>
<tr>
<td>* Schizo</td>
<td>* Pothead</td>
</tr>
<tr>
<td>* Demented</td>
<td>* Skid row wino</td>
</tr>
<tr>
<td>* Weird</td>
<td>* Speed freak</td>
</tr>
<tr>
<td></td>
<td>* Derelict</td>
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</tbody>
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Stigmatizing Words

Gambling Disorder

* Gambling addict
* Degenerate gambler
* Gamblerholic
* Chizzler
* Whale
Fallacies of Mental Health, Substance Misuse and Disordered Gambling

* Falsehoods and ignorance e.g. MI and violence go hand in hand
* Individuals with MI somehow cause their illness and can “stop” at any time (“Snap out of it!”)
* Substance use disorder is a choice, not an illness
* Substance use disorder reflects lack of willpower or is a weakness
* Disordered gambling is a choice, not an illness
November, 2004 then acting Governor Richard Codey signed Executive Order creating Governor’s Task Force on Mental Health

Formed to investigate and develop solutions to obstacles faced by those with mental illness and their families

Recommendation of Task Force was the establishment of Governor’s Council on Mental Health Stigma
NJ Governor’s Council on Mental Health Stigma

* Mission-combat mental health stigma and create a better system through:
  * Outreach and education
  * Raising awareness, promoting respect, understanding and effecting change (efforts of NJAMHAA, DMHAS, NAMI, NCADD-NJ, et al.)
  * We must remember mental illness does not discriminate, people do
Types of Stigma

* **Internal-Self Stigma**
  * When individuals feel shame and negative thoughts about their membership in a particular stigmatized group
  * People may avoid seeking help fearful others will judge them

* **External-Enacted Stigma**
  * The experiences of how we stigmatize others, e.g., judging and dehumanizing (Kohlenberg, 2016)
Stigma from Recovering Community

* Recovering people stigmatize one another
  “I only drank beer and never did an illicit drug”

Stigma from Treatment Providers

* Some staff members from abstinence-oriented programs believe that maintenance programs involve trading one drug for another
“Addict”

* It is not for us to define how individuals who have a mental health and/or addiction disorder or those in recovery choose to identify themselves.

* For many people in early recovery, the term “addict” is a helpful way of identifying symptoms and issues and finding a way to connect and bond in a healthy way that promotes change.

* However, the “addict” label suggests that the whole person is the problem rather than the problem being the problem.
Recovery

*Recovery is a paradox. During treatment and the early phases of recovery, saying the words, “I am an addict” is a powerful way to help people understand that their lives have become unmanageable and that they need help. However, during later phases of recovery, the same phrase can prompt some people to define themselves solely by their addiction. The challenge for addicted people, their families and those who treat them is to recognize that while self-identifying as an addicted person can be liberating, viewing oneself only as an addicted person can be self-limiting. -- Richard Landis, Senior Vice President of Operations, Danya International, Silver Spring, Maryland
Combating Stigma

* We can all be part of the solution
* Become a student of stigma
* Watch our language!
* We can take a stand against stigma by changing the way we think about, talk about and treat people with mental illness and/or addiction disorders
* Stigma’s greatest enemy is knowledge
* “Addiction is not a ‘moral failing’”
  (NJ Governor Chris Christie 2/17)
## Combating Stigma

<table>
<thead>
<tr>
<th>Words to Avoid</th>
<th>Preferred Language</th>
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<tbody>
<tr>
<td>* Addict</td>
<td>* Person with addiction</td>
</tr>
<tr>
<td>* Alcoholic</td>
<td>* Person with alcohol addiction</td>
</tr>
<tr>
<td>* Wacko</td>
<td>* Person with MH disorder</td>
</tr>
<tr>
<td>* Degenerate gambler</td>
<td>* Person with a gambling disorder</td>
</tr>
<tr>
<td>* Relapse</td>
<td>* Recurrence/return to use</td>
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Relapse

* The lapse/relapse language in the alcohol and drug problems arena emerged during the temperance movement

* Was linked in the public mind to lying, deceit, low moral character—a product of sin rather than sickness

* This term is not applied to the recovery process for any other chronic disease, e.g., people with hypertension are not shamed when blood pressure becomes unstable
Example of Stigma and De-Stigmatizing Action

* In 1985 NJ Department of Human Services changed the name of one of their Divisions

* Division of Mental Retardation (DMR) was changed to Division of Developmental Disabilities (DDD)
Stigma: New Jersey communities long embarrassed by having state prisons named after them

Action: In 1987, Governor Kean signed a bill removing names of municipalities from titles of state correctional centers and prohibits new prisons from having municipal names
Results

* Taking a municipality's name out of a prison name improves a community's image and increase its property values
* Rahway State Prison became East Jersey State Prison
* Trenton State Prison became New Jersey State Prison
* Clinton Facility for Women became the Edna Mahan Correctional Facility for Women
Watch Your Language!

* Don’t define people by their disorder
  * Addiction and MH disorder do not describe what a person is, it describes what a person has

* Don’t sensationalize addiction
  * Sensationalizing terms diminish fact that addiction is a treatable disease
Sensationalizing Addiction
Watch Your Language!

* Don’t generalize about people with addictions
  * There is no “addictive personality” common to individuals with addiction

* Don’t use substance related terms as metaphors
  * Don’t say “addicted to power”, “had a relapse with chocolate”

* Diminishes meaning of substance-related terms and reality of addiction-related experiences
Generalizing Addiction
Generalizing Addiction
Watch Your Language!

* Ask for a treatment history-not the number of times client has been in treatment
* Avoid statements such as, "Come back when you’re ready" or “I’m not going to work harder on your recovery than you are”
* Don’t allow clients to diminish themselves, e.g., Have you ever heard people in treatment refer to themselves as “convicts” or “inmates”? 

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Watch Your Language!

* Labels are more frequently used in 12-Step recovery meetings than at SMART Recovery meetings

* Try to give clients the option between the two when possible
Recovery needs to come out of the basement. We need a new language, a logo, T-shirts, a theme song, websites, TV ads, posters in buses, sobriety bars, sober sporting events, a sobriety lobby, a recovery caucus, celebrity spokespersons, and corporate sponsors. We need the public relations attraction, not invisibility.

Rob Fleming, Advocate,
Recovery Works, Washington, DC
Take the stigma free Pledge

Learn more about mental health and addictions

See the person, not the condition

Take action
Stigma Prevention Strategies

* Learn more—no shortage of information on MH disorders and addictions
* Speak out—likely to see misinformation, prejudice and adverse effects of stigma
* Challenge inaccuracies, educate and elevate others
* Keep hope alive—experience shows people with severe MI and/or addiction disorders can live happy, healthy, fruitful years
* Treat people with any type of disorder as people
Stigma Prevention Strategies

* Check your program, check yourself!
  * Name of program - is it recovery-oriented?
  * Is your staff trained in destigmatizing language?
  * Is your program accepted in the community? If not, reach out, open your program to community
  * Offer “family nights” for those not in therapy

* Do I stigmatize others?
  * What are your personal beliefs about why people become addicted?
  * Do you accept certain types of addictions more than others?
Stigma Prevention Strategies

* Do you believe that some people are beyond help?
* Do you believe certain drug treatment approaches are better than others?
* Do you believe that recovery must look a certain way?
* Do you believe the words you use support that MH and/or addiction disorders are conditions from which people can experience recovery?
Stigma Prevention Strategies

* Addiction treatment programs can be effective stigma change agents
  * **Demystify Treatment**-Don’t focus on adverse consequences of addictions
  * Provide detailed information-Phases, stages, goals and objectives of treatment
  * **Demystify Recovery**-Recovery is not success/failure concept; is a dynamic multi-phase process, improvements are often incremental
  * **Humanize Recovery**-Have people in recovery and their significant others tell their stories
Stigma Prevention Strategies

* Demystify Recurrence—Is undesired but common among addictions and does not represent treatment failure

* Opportunity to examine an individual’s recovery program; identify areas where it needs to be strengthened

* Celebrate & Promote Success—Evaluate programs’ effectiveness; conduct outcome studies

* Publish studies and journals; publicize outcomes through public relations, media events

* Let people know treatment works!
<table>
<thead>
<tr>
<th>Current Terminology</th>
<th>Alternative Terminology</th>
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<tbody>
<tr>
<td>Treatment is the goal; Treatment is the only way into Recovery</td>
<td>Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)</td>
</tr>
<tr>
<td>Untreated Addict/Alcoholic</td>
<td>Individual not yet in Recovery</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Substance Use Disorder/Addiction/Substance Misuse</td>
</tr>
<tr>
<td>Drug of Choice / Abuse</td>
<td>Drug of Use</td>
</tr>
<tr>
<td>Denial</td>
<td>Ambivalence</td>
</tr>
<tr>
<td>Relapse Prevention</td>
<td>Recovery Management</td>
</tr>
<tr>
<td>Pathology Based Assessment</td>
<td>Strength / Asset Based Assessment</td>
</tr>
<tr>
<td>Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies</td>
<td>Focus on the drug CLIENT feels is creating the problems</td>
</tr>
<tr>
<td>A Drug is a Drug is a Drug</td>
<td>Each illicit substance has unique interactions with the brain; medication if available is appropriate.</td>
</tr>
<tr>
<td>Relapse</td>
<td>Recurrence/Return to Use</td>
</tr>
<tr>
<td>Relapse is part of Recovery</td>
<td>Recurrence/Return to Use may occur as part of the disease</td>
</tr>
<tr>
<td>Clean / Sober</td>
<td>Drug Free / Free from illicit and non-prescribed medications</td>
</tr>
<tr>
<td>Self Help Group</td>
<td>Mutual Aid Group</td>
</tr>
<tr>
<td>Drug Overdose</td>
<td>Drug Poisoning</td>
</tr>
<tr>
<td>Graduate from Treatment</td>
<td>Commence Recovery</td>
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# The Most Respectful Way of Referring to People is as People

<table>
<thead>
<tr>
<th>Current</th>
<th>Alternative</th>
<th>Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients / Patients / Consumers</td>
<td>The people in our program The folks we work with The people we serve</td>
<td>More inclusive, less stigmatizing</td>
</tr>
<tr>
<td>Alex is an addict</td>
<td>Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction</td>
<td>Put the person first Avoid defining the person by their disease</td>
</tr>
</tbody>
</table>

The terms listed below, along with others, are often people’s ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.

| Mathew is manipulative    | Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met | Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how |
| Kyle is non-compliant     | Kyle is choosing not to... Kyle would rather... Kyle is looking for other options | Describe what it looks like uniquely to that individual—that information is more useful than a generalization |
| Mary is resistant to treatment | Mary chooses not to... Mary prefers not to... Mary is unsure about... | Avoid defining the person by the behavior. Remove the blame from the statement |
| Jennifer is in denial     | Jennifer is ambivalent about... Jennifer hasn’t internalized the seriousness of... Jennifer doesn’t understand......... | Remove the blame and the stigma from the statement |

Southeast (HHS Region 4) ATTC Addiction Technology Transfer Center Network
Phoeinx Center
Favor SC: Faces and Voices of Recovery
Celebrate Recovery

* Support and encourage people in recovery
* Share positive stories of recovery
* Speak out against stigma
Works Cited


* CSAT, Substance Use Disorders: A Guide to the Use of Language


**Works Cited**


* Southeast Addiction Technology Transfer Center Network. *The Most Respectful Way of Referring to People is as People*, 2016.


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Questions and Comments
Thank you!