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CONNECTIONS

Partnering to Accelerate Research into Action



 National Institutes of Health
HEAL Initiative

#NIHhealInitiative

NIH HEAL Initiative and Helping to End Addiction Long-term are service marks of the U.S. Department of Health and Human Services.



A Two-Part Series: Inclusive Language, Imagery, and Storytelling for Addiction and Pain Researcher Teams

- Real-world case examples for communicating with respect to stakeholders across the HEAL addiction and pain research spectrum.
- Actionable resources to reduce stigma and make research communications more engaging and impactful.
- Opportunities to partner with HEAL Connections to support inclusive language, imagery, and communications product development.

In consideration of the distinct challenges addiction and pain research teams face, we will host two focused sessions on this topic:

Focus on Addiction
JULY 27 | 1 P.M. ET

Focus on Pain
AUGUST 31 | 1 P.M. ET

bit.ly/InclusiveLanguagePartTwo



HEAL CONNECTIONS

SHARING SESSION 

Inclusive Language, Imagery, and Storytelling for Addiction and Pain Researcher Teams

Part 1: Focus on Addiction

TODAY'S AGENDA

1 p.m to 1:15p.m

The importance of inclusive language, imagery and storytelling with Wilson Compton, deputy director of NIDA

1:15 p.m to 1:30 p.m

From the research: how stigma affects people with lived experience with Valerie Earnshaw

1:30 p.m to 1:50 p.m

Case studies and resources: Incorporating stakeholder input with Jess Husley from Addiction Policy Forum and DeAnna Hoskins from JLUSA

1:50 p.m to 2:05 p.m

Revamping language and imagery at NIDA with Anne Rancourt

2:05 p.m to 2:30 p.m Q&A

WHAT YOU WILL LEARN

1. Real-world case examples for communicating with respect to stakeholders from those who have researched stigma and its impact on people with lived experience.
2. Explore actionable resources to reduce stigma and make research communications more engaging and impactful.
3. Hear about opportunities to partner with HEAL Connections to support the use of inclusive language, imagery, and communications product development.

Drug Addiction Science and the U.S. Overdose Epidemic

Wilson M. Compton, M.D., M.P.E.

Deputy Director

National Institute on Drug Abuse

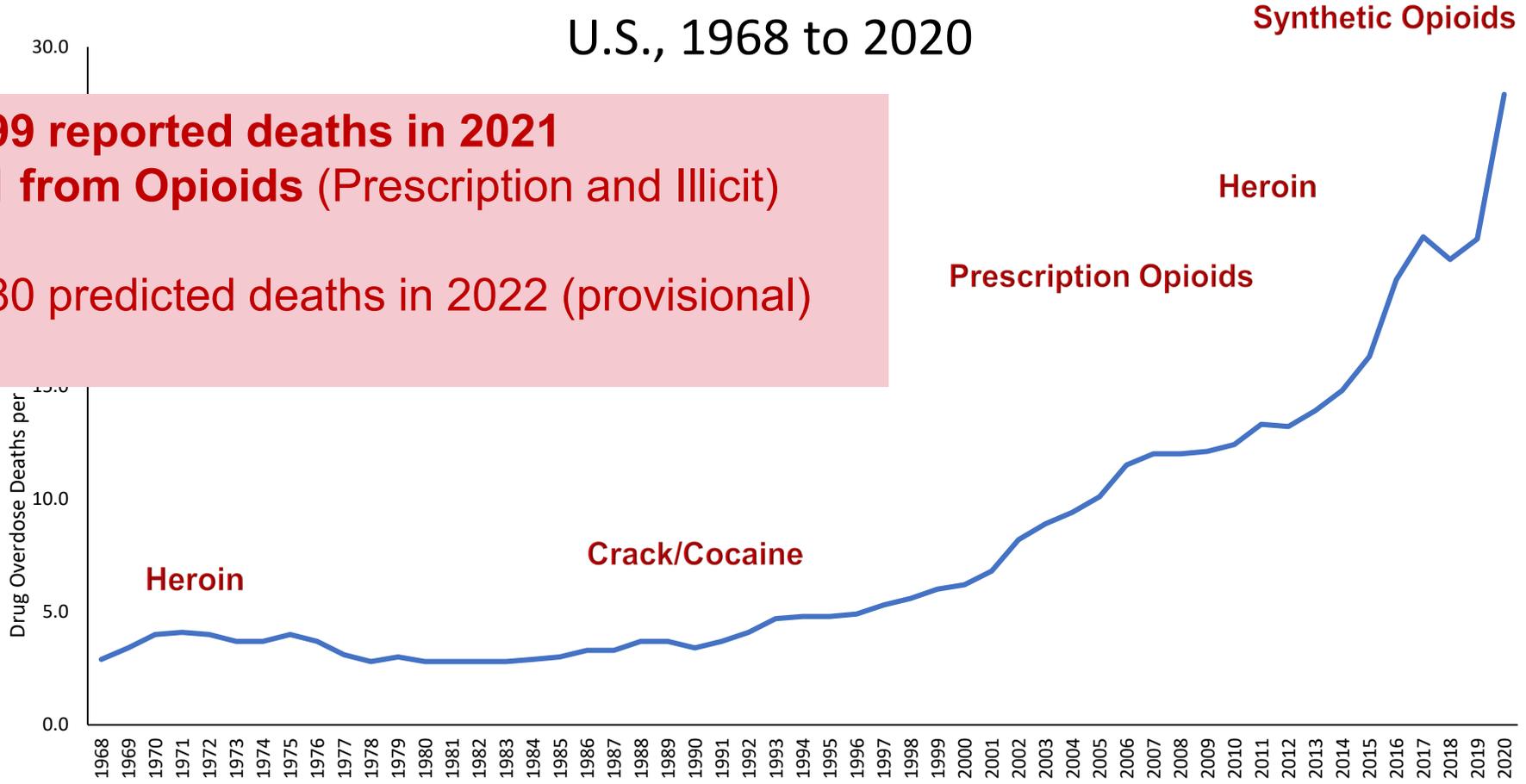
email: wcompton@nida.nih.gov



Trajectory of the U.S. Overdose Crisis

Drug Overdose Death Rate U.S., 1968 to 2020

106,699 reported deaths in 2021
80,411 from Opioids (Prescription and Illicit)
109,680 predicted deaths in 2022 (provisional)



Source: CDC WONDER National Vital Statistics System, 2021.

U.S. Department of Health and Human Services (HHS): *Overdose Prevention Strategy Pillars and Cross-Cutting Principles*

HHS Overdose Prevention Strategy



Cross-Cutting Principles

Equity

Data &
Surveillance

Coordination,
Collaboration &
Integration

Reducing Stigma

NIDA Research pivots to address substance use and overdose trends.

- Treating OUD in the **fentanyl** era
 - Implementation and services research to expand MOUD
 - Therapeutic development: novel medications, immunotherapies, neuromodulation
 - Alternative outcomes: craving, sleep, OUD severity
- Therapeutics for StUD, **polysubstance** UD, co-morbidities
- Novel overdose treatments, including for stimulant OD
- **Prevention** of substance use and addiction
 - Social Determinants of Health
 - Pre-addiction
- **More timely data** on fatal and non-fatal overdoses, use patterns of emerging drugs (e.g., nitazenes, xylazine) and drug mixtures
- Harm reduction approaches and outcomes
- Recovery approaches and outcomes



Implementation Science: CTN, JCOIN, HCS, Prevention



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JUSTICE COMMUNITY OPIOID INNOVATION NETWORK

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HEALing
Communities
Study

Enhancing the National Drug Abuse Treatment Clinical Trials Network to Address Opioids Expand research conducted by NIDA CTN to address emergent needs presented by the opioid crisis.

Justice Community Opioid Innovation Network Study quality care for OUD in justice populations. Help create partnerships between local and state justice systems and community-based treatment providers.

HEALing Communities Study is investigating coordinated approaches for deploying evidence-based strategies to prevent and treat OUD in 67 communities in 4 states.

Developing Novel Approaches to Treating Stimulant Use Disorder

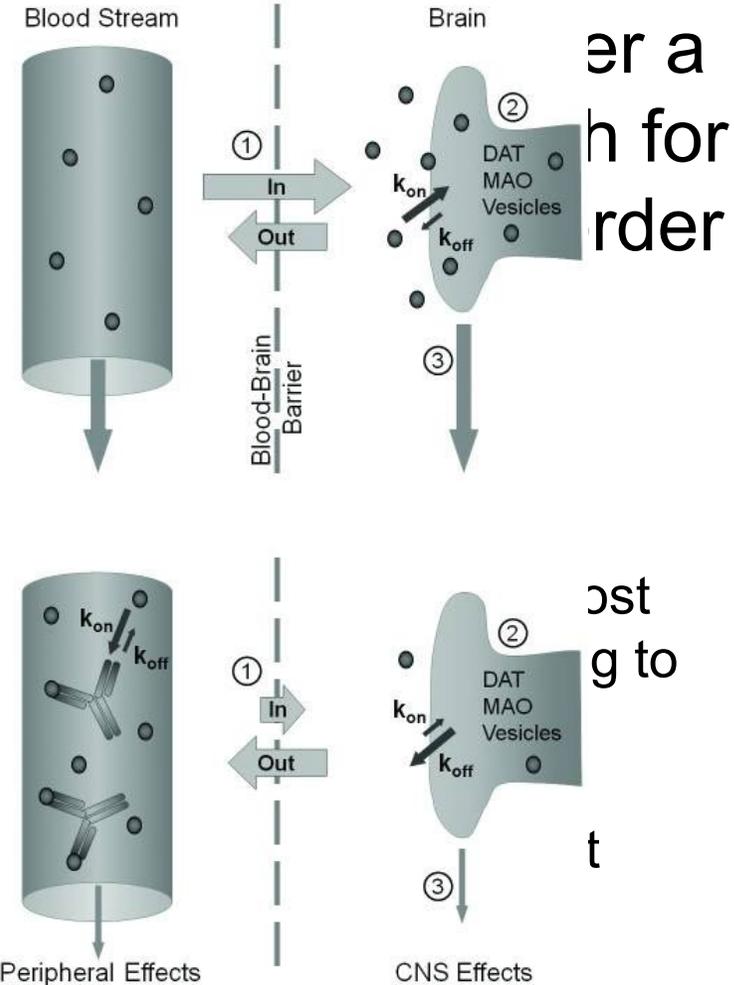
Vaccines and mAB

ADAPT-2
Meth Effects in the Brain

BEFORE anti-meth antibody treatment

AFTER Anti-meth antibody treatment

- No FDA approved stimulant
- Contingency effective treatment implemented
- NIDA priority development stimulant

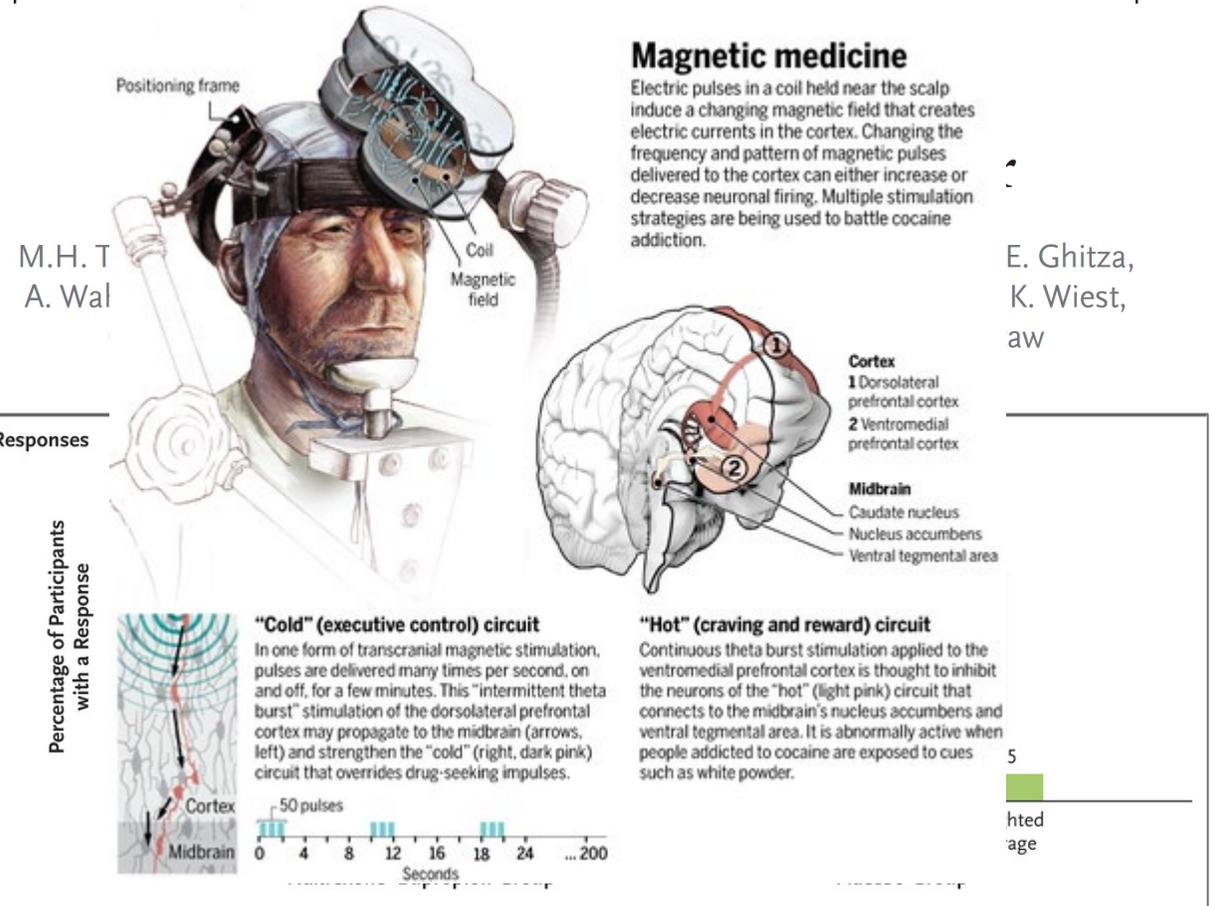


WB Gentry, et al. (2009) Human Vaccines

Transcranial Magnetic Stimulation

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE



M Wadman, (2017) Science

Making Addiction Treatment More Realistic And Pragmatic: The Perfect Should Not Be The Enemy Of The Good

Nora D. Volkow

“The magnitude of this crisis demands out-of-the-box thinking”

“Drug addiction is a chronic but treatable disorder with well-understood genetic and social contributors. It is not a sign of a person’s weakness or bad character.”

“Continued or intermittent use of drugs, even by people who know they have a disorder and are trying hard to recover from it, must be acknowledged as part of the reality of the disorder for many who struggle with it.”



New Harm Reduction Research Network

Goal: To increase our understanding of the effectiveness, implementation, and impact of existing and new harm reduction practices for people with SUD.

Priorities

- Novel harm reduction approaches
- Novel settings and modes of delivery
- Understanding and addressing barriers
- Ensuring access and benefits for vulnerable, understudied, and hard-to-reach populations
- Harm reduction for people who use methamphetamine and other stimulants

News Release

NIH launches harm reduction research network to prevent overdose fatalities

Scientists will test community-based approaches to prevent drug overdoses, curb high death rates

December 16, 2022

To address the overdose crisis in the United States, the National Institutes of Health has established a research network that will test harm reduction strategies in different community settings to inform efforts to help save lives. [The harm reduction research network's](#) efforts build on existing harm reduction research, and represent the largest pool of funding from NIH to date to study harm reduction strategies to address overdose deaths.



NIDA Image

More than 107,000 people in the United States died from a drug overdose in 2021, according to provisional data from the U.S. Centers for Disease Control and Prevention. These deaths are largely driven by the proliferation of cheap, potent synthetic drugs like fentanyl contaminating the drug supply, including in heroin, cocaine, methamphetamine, and counterfeit pills.

[Cite this article](#)

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Addressing the Stigma of Addiction



Drug and Alcohol Dependence

Volume 221, 1 April 2021, 108627



The role of stigma in physicians' treatment

Elizabeth M. Stone ^{a, b}, Alene Kennedy-Hend McGinty ^{a, b}

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<https://doi.org/10.1016/j.drugalcdep.2021.108627>

Highlights

- National survey of U.S. primary care physicians
- PCPs reported high levels of stigma toward people with substance use disorder.

Our understanding of substance use disorders as **chronic but treatable health conditions** has come a long way since the dark days when they were thought of as character flaws — or worse. Yet our societal norms surrounding drug use and addiction continue to be informed by unfounded misconceptions.

Among the most harmful of these is the scientifically unfounded belief that drug-taking by individuals with addiction reflects ongoing deliberate choices. This belief contributes to the continued criminalization of addiction.

While attitudes around drug use, particularly use of substances that are highly stigmatized, significantly changed in recent decades, the use and possession of these substances continue to be penalized. Punitive policies around drugs mark people who

Nora's Blog

Punishing Drug Use Heightens the Stigma of Addiction

This essay was originally published by STAT on August 3, 2021.



Photo by

February 15, 2023 By Dr. Nora Volkow

This blog was also published in STAT on February 8, 2023.

Though it may be hard for many to fathom, even pregnant people and new parents can have active substance use disorders. They need support, not criminalization.

The addiction and overdose crisis, which now claims **more than 100,000 lives a year**, shows little sign of abating, and emerging data shows a startling impact on pregnant people: Overdose is now a **leading cause of death** or shortly after pregnancy.

Columbia University researchers recently reported that drug overdose deaths among pregnant and postpartum people **increased by 81%** between 2017 and September 2022, the Centers for Disease Control and Prevention released a report that deaths related to mental health conditions, including substance use disorders (SUDs), account for **23% of deaths** during pregnancy or in the year following birth, which **outstrips** excessive bleeding, cardiovascular conditions, or other well-known causes.

Nora's Blog

Pregnant People With Substance Use Disorders Need Treatment, Not Criminalization



©Getty

Breaking Down the Stigma of Addiction: A Witness' Story Through Art



Comment | [Published: 19 July 2021](#)

Choosing appropriate language to reduce the stigma around mental illness and substance use disorders

[Nora D. Volkow](#) , [Joshua A. Gordon](#) & [George F. Koob](#)

[Neuropsychopharmacology](#) **46**, 2230–2232 (2021) | [Cite this article](#)

22k Accesses | **13** Citations | **279** Altmetric | [Metrics](#)

The words we use to describe mental illnesses and substance use disorders (addiction to alcohol and other legal and illegal drugs) can impact the likelihood that people will seek help and the quality of the help they receive. Research indicates that stigma—negative attitudes toward people based on distinguishing characteristics—contributes in multiple ways to poorer health outcomes;



Words matter: *Person-Centered Language*

- 516 clinicians read vignettes describing a character as **“substance abuser”** or as having a **“substance use disorder”**
- “Substance abuser” group favored a **jail sentence**
- “Substance use disorder” group favored **treatment**

International Journal of Drug Policy 21 (2010) 202–207



Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/drugpo



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

Center for Addiction Medicine, Department of Psychiatry, Massachusetts General Hospital, 60 Staniford Street, Boston, MA 02114, United States

ARTICLE INFO

Article history:

Received 9 July 2009

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Substance abuser

Terminology

Stigma

Treatment access

ABSTRACT

Objective: Stigma is a frequently cited barrier to help-seeking for many with substance-related conditions. Common ways of describing individuals with such problems may perpetuate or diminish stigmatizing attitudes yet little research exists to inform this debate. We sought to determine whether referring to an individual as “a substance abuser” vs. “having a substance use disorder” evokes different judgments about behavioral self-regulation, social threat, and treatment vs. punishment.

Method: A randomized, between-subjects, cross-sectional design was utilized. Participants were asked to read a vignette containing one of the two terms and to rate their agreement with a number of related statements. Clinicians ($N=516$) attending two mental health conferences (63% female, 81% white, M age 51; 65% doctoral-level) completed the study (71% response rate). A Likert-scaled questionnaire with three subscales [“perpetrator-punishment” ($\alpha=.80$); “social threat” ($\alpha=.86$); “victim-treatment” ($\alpha=.64$)] assessed the perceived causes of the problem, whether the character was a social threat, able to regulate substance use, and should receive therapeutic vs. punitive action.

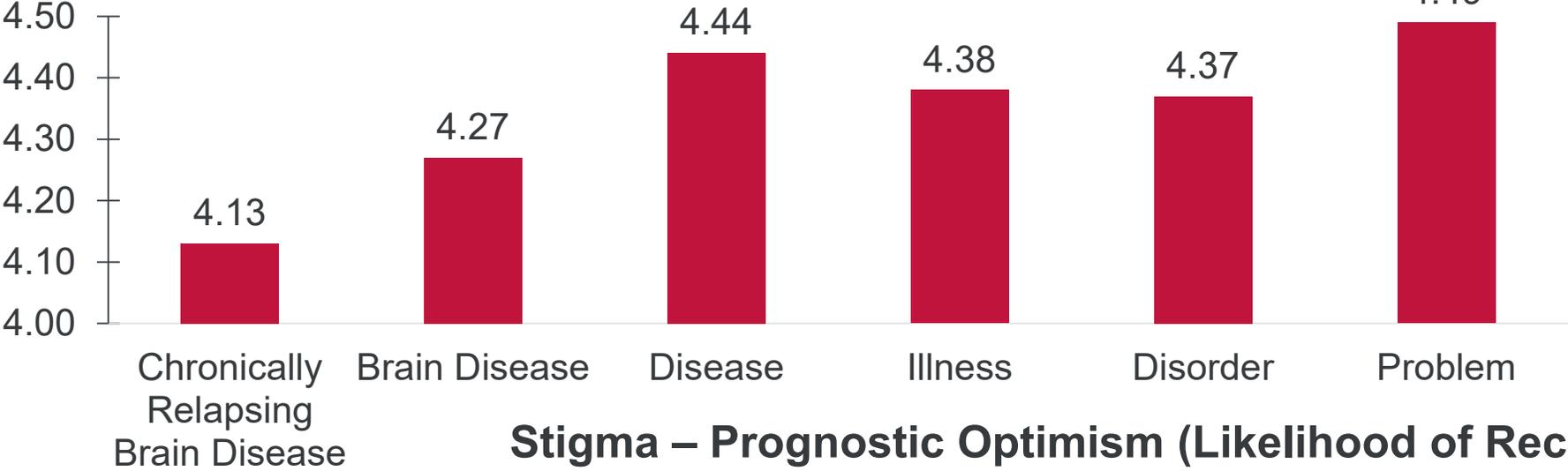
Results: No differences were detected between groups on the social threat or victim-treatment subscales. However, a difference was detected on the perpetrator-punishment scale. Compared to those in the “substance use disorder” condition, those in the “substance abuser” condition agreed more with the notion that the character was personally culpable and that punitive measures should be taken.

Conclusions: Even among highly trained mental health professionals, exposure to these two commonly used terms evokes systematically different judgments. The commonly used “substance abuser” term may perpetuate stigmatizing attitudes.

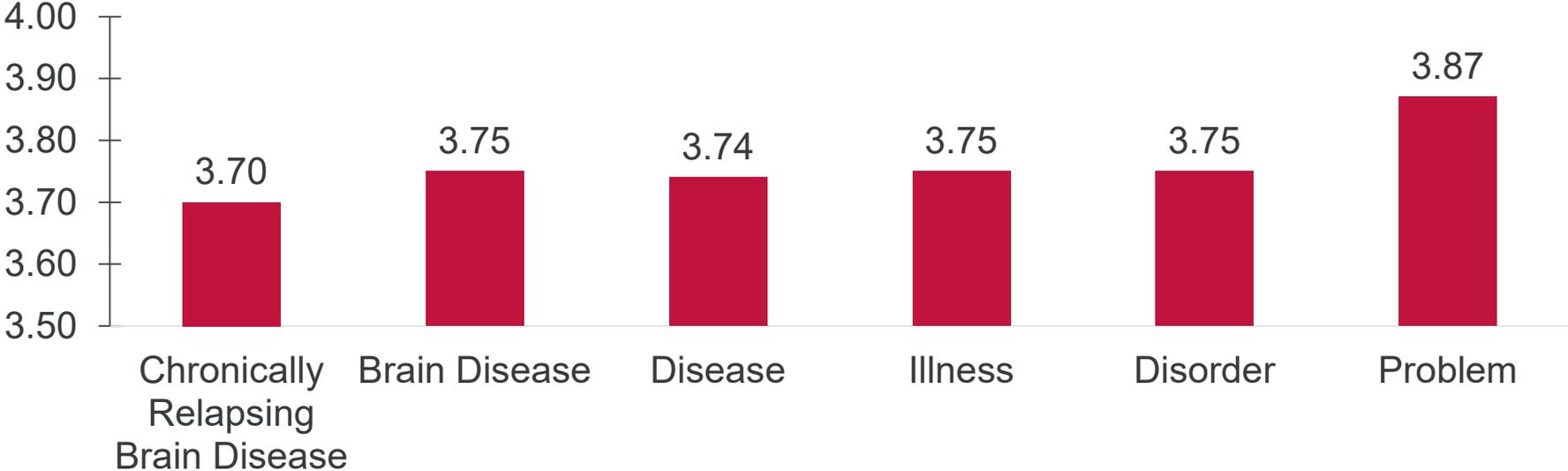
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Words matter: *US national randomized study to guide how best to reduce stigma when describing drug-related impairment*

Stigma – Blame Attribution



Stigma – Prognostic Optimism (Likelihood of Recovery)



Source: Kelly JF, et al. *Addiction* 2021;116(7):1757-1767

Context Matters

- Don't correct someone on how they identify themselves

I'm leaving meth behind me.

My drug of choice is alcohol.

I've been an addict for 20 years.

I'm in long-term remission.

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131-138.

nida.nih.gov/research-topics/stigma-discrimination

Highlights

- Although substance use disorders are chronic and treatable medical conditions, studies show people with substance use disorders experience stigma and discrimination that can prevent them from seeking and receiving needed care.
- The National Institute on Drug Abuse (NIDA) is currently funding research to better understand how stigma and discrimination affect people with substance use disorders and how to reduce stigma and discrimination.
- Research is needed to better understand how stigma and discrimination affect people with substance use disorders and how to reduce stigma and discrimination.

Words Matter

Learn more about preferred language for talking about

**Research Priority Areas:
Notice of Special Interest (NOSI): Reducing Stigma Related to Drug Use in Human Service Settings**

**Notice Number:
NOT-DA-21-060**

Novel Approaches to Decrease Stigma of Substance Use Disorders in order to Facilitate Prevention, Treatment, and Support During Recovery

**RFA Number:
RFA-DA-21-016**

How do language and criminalization perpetuate stigma against people who use drugs or have substance use disorders?

How does stigma affect people with a substance use disorder?

Need treatment?

Expand for more information

Summary

- Drug use and drug use disorders are complex concerns that are shaped by many influences
- Drug use varies over time and geography
- Addressing the current U.S. overdose crisis requires a focus on multiple factors
- Addressing stigma is important. Research on stigma may be very helpful.

From the research:
How stigma affects people with lived experience

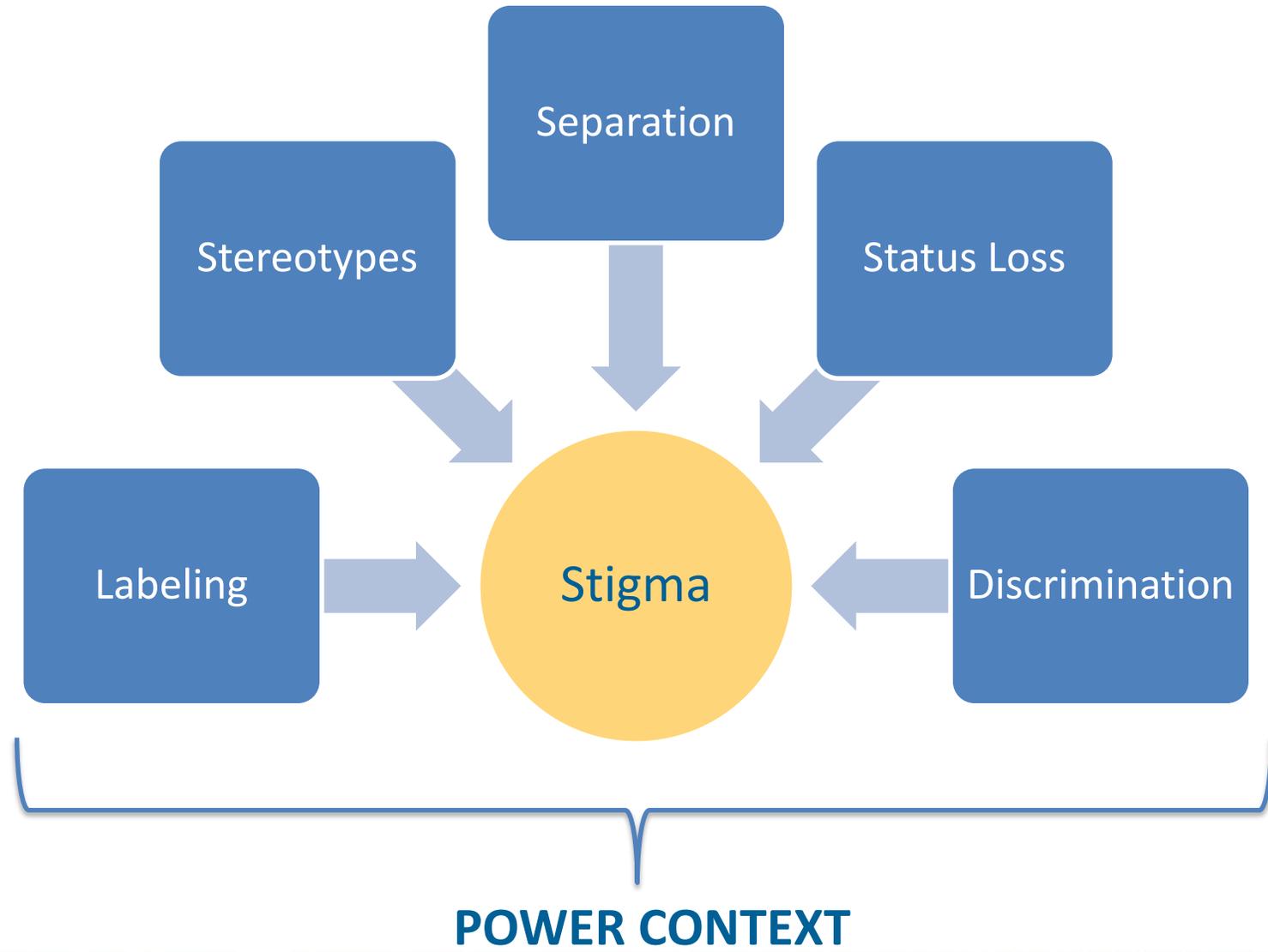
Valerie A. Earnshaw, PhD

Department of Human Development & Family Sciences

Theory + Key Terms

Research Findings

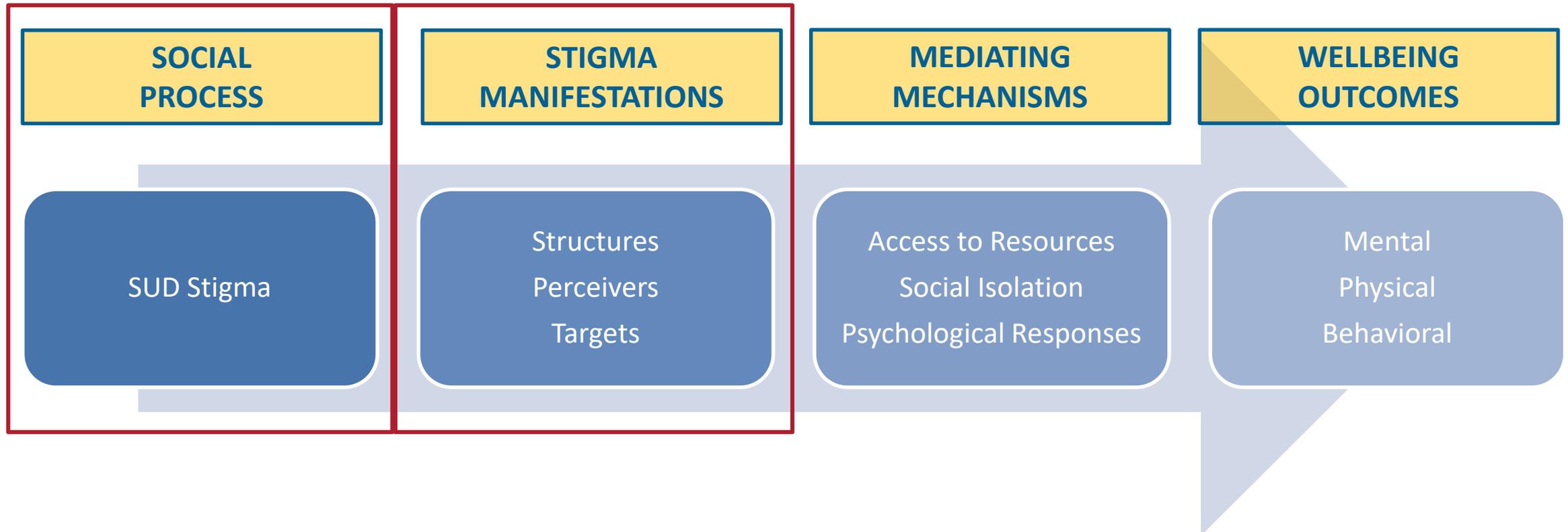
What is stigma? A Social Process



Goffman (1963); Crocker, Major, & Steele (1998);
Link & Phelan (2001)



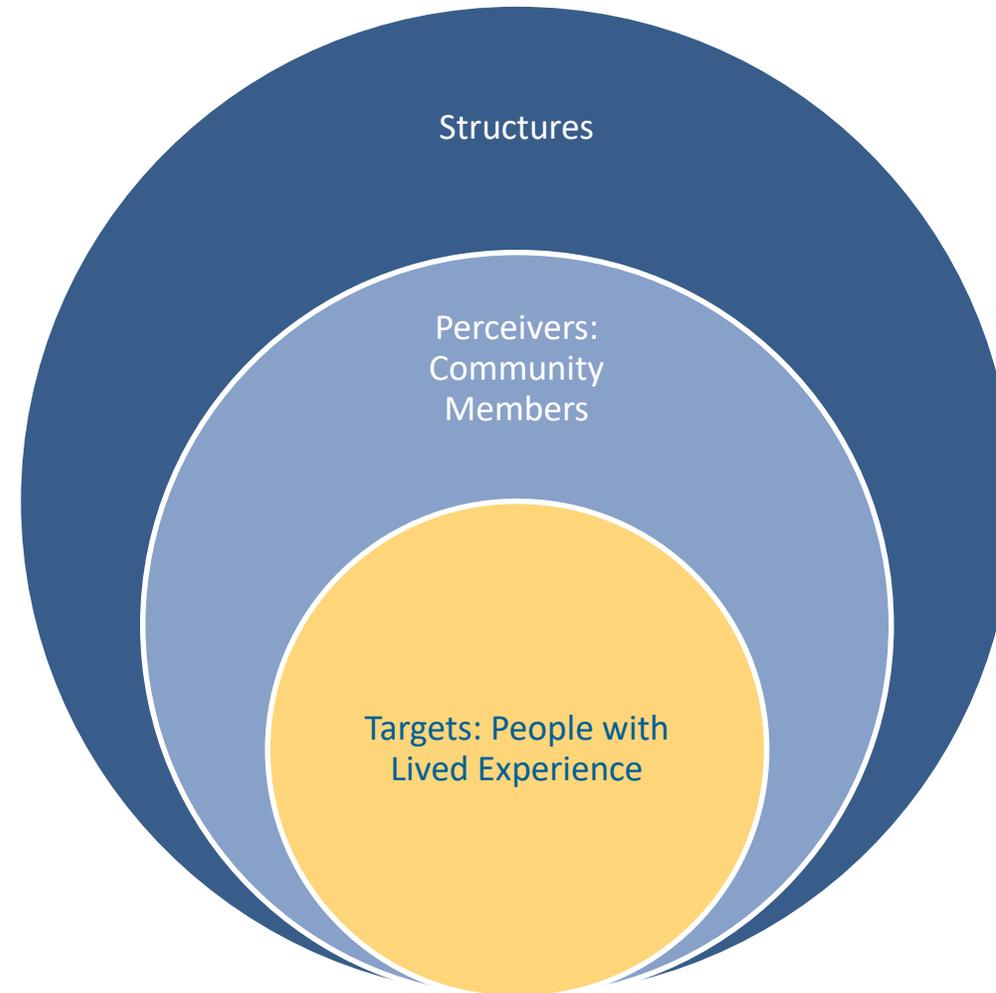
How does stigma impact people with lived experience?



Chaudoir, Andel, & Earnshaw (2013); Corrigan & Kosyluk (2014); Earnshaw (in press); Hatzenbuehler, Phelan, & Link (2013)



Stigma manifestations exist at multiple social-ecological levels



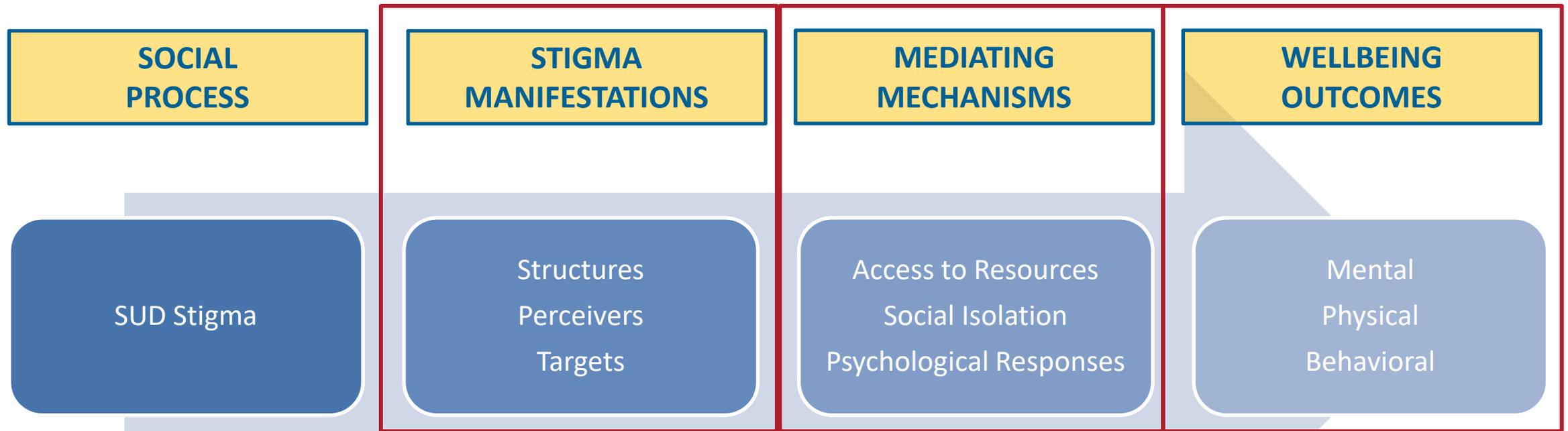
Stigma Manifestations: Definitions

Structural

- Societal Conditions
- Cultural Norms
- National, Institutional, Organizational Policies



How does stigma impact people with lived experience?



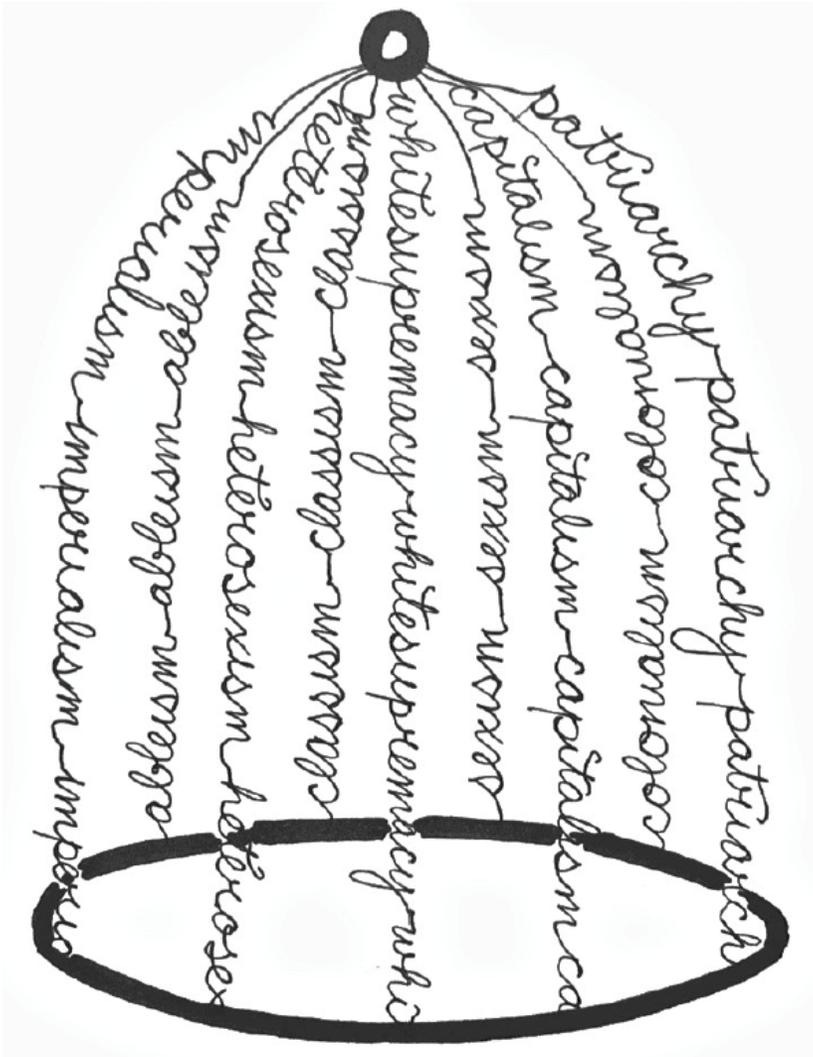
Chaudoir, Andel, & Earnshaw (2013); Corrigan & Kosyluk (2014); Earnshaw (in press); Hatzenbuehler, Phelan, & Link (2013)



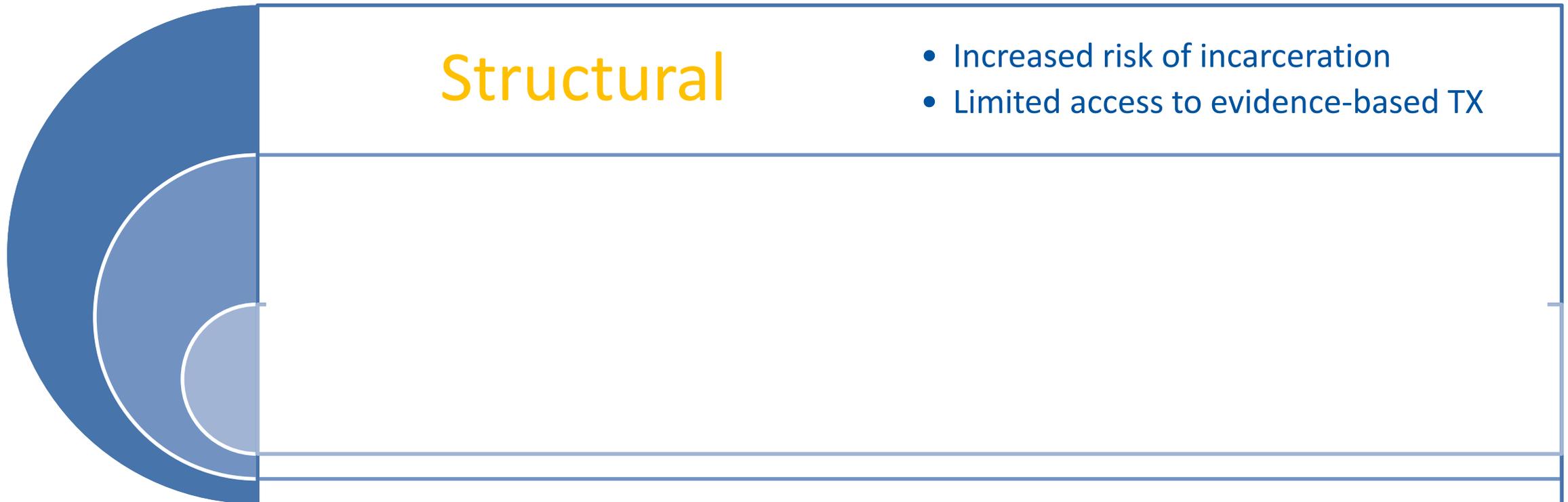
Intersectionality

- Systems of oppression, including stigma, are interlocking
- Leads to unique experiences and outcomes of stigma at the individual level, among people with SUD

hooks (1984), Frye (1983), Collins (1990), Crenshaw (1991), Berger (2004); Rosenthal (2016); Andrews (2019); Dale et al (2022)

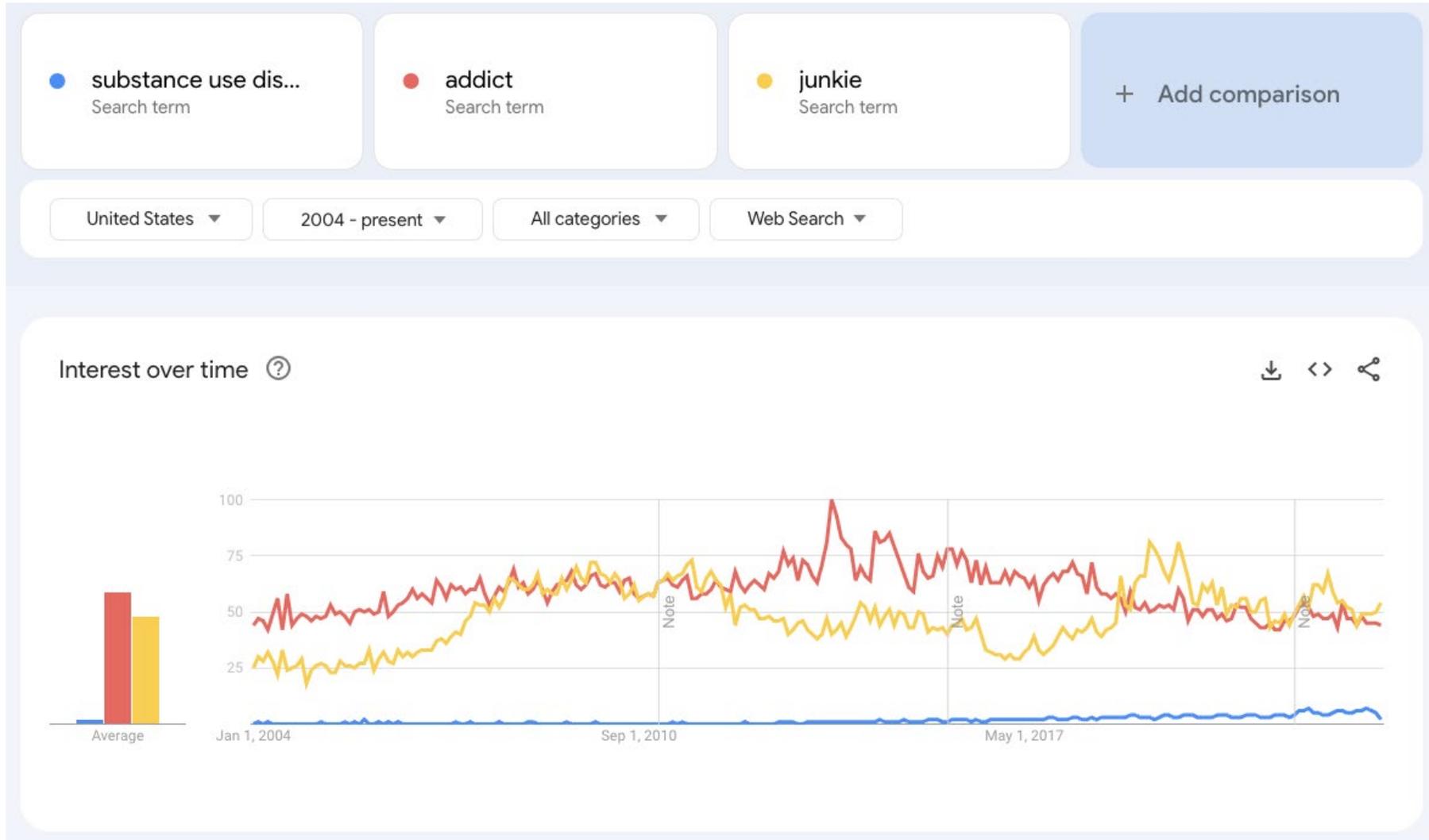


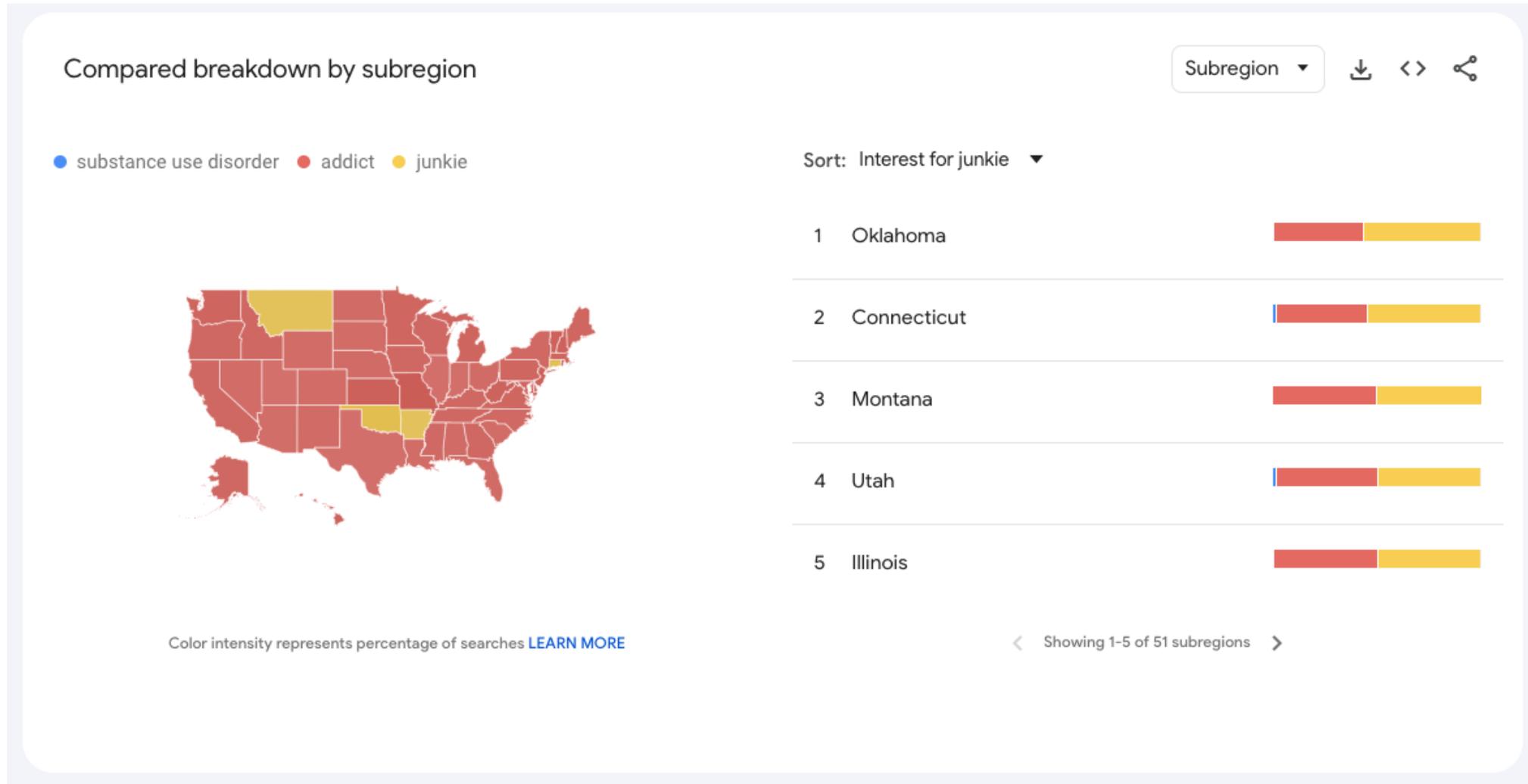
Stigma Manifestations: Research Findings



Corrigan et al. (2017); Crapanzano et al (2019); Earnshaw (2020); Hammarlund et al. 2018; Kulesza et al. (2013); Tsai et al (2019)







Stigma Manifestations: Research Findings



Structural	<ul style="list-style-type: none">• Increased risk of incarceration• Limited access to evidence-based TX
Individual Perceivers	<ul style="list-style-type: none">• Contempt, danger• Social rejection, worse healthcare Tx

Corrigan et al. (2017); Crapanzano et al (2019); Earnshaw (2020); Hammarlund et al. 2018; Kulesza et al. (2013); Tsai et al (2019)



Perceiver Stigma

- “I have lost friends that way that are like... ‘you’re a **heroin addict**... That’s disgusting.’”¹
- “I just had surgery... and they were like ‘don’t give **the user** any pain killers, don’t give **the user** anything.’... And I can definitely tell that the flag goes up as soon as they hear I’m on methadone. I definitely have been treated differently because of that.”²

¹Earnshaw et al. (2019); ²Earnshaw et al. (2013)



Stigma Manifestations: Research Findings



Structural	<ul style="list-style-type: none">• Increased risk of incarceration• Limited access to evidence-based TX
Individual Perceivers	<ul style="list-style-type: none">• Contempt, danger• Social rejection, worse healthcare Tx
Individual Targets	<ul style="list-style-type: none">• Shame, anticipated rejection• SU and Tx implications

Corrigan et al. (2017); Crapanzano et al (2019); Earnshaw (2020); Hammarlund et al. 2018; Kulesza et al. (2013); Tsai et al (2019)



Target Stigma → Substance Use

- LGBTQ stigma → substance use
 - Enacted stigma → coping, alcohol expectancies → alcohol use + problems¹
 - Enacted + anticipated stigma → substance use to cope with mistreatment²
- Race stigma → substance use
 - Enacted stigma → anger, self control, drug willingness → alcohol + marijuana use^{3,4}
 - Enacted stigma → frequent, past year illicit use⁵
- SUD stigma → substance use
 - Internalized + enacted stigma → more drug use days⁶, higher risk use of opioids, cocaine⁷
 - Enacted stigma → risk of nonfatal overdose⁸

¹Hatzenbuehler (2009), ²Reisner et al. (2015), ³Gibbons et al (2010), ⁴Gibbons et al (2012),

⁵Carliner et al (2016); ⁶Kulesza et al (2015); ⁷Smith et al (2017); ⁸Latkin et al (2019)



Target Stigma → SUD Treatment

- **“I didn’t want to get help because I was scared of what people were going to think** in high school... because you’re very scared about being judged and you know especially in high school that people are going to talk.”¹
- **“She doesn’t like me on Suboxone** and told me to come down off it and not stay on it for long because it’s bad for my body. **After I told her, I started coming down that week.”**²

¹Earnshaw et al. (2019); ²Brousseau, et al. (2022); Crapanzano et al. (2019)



Thank you!

Funding Acknowledgments

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NIMH: R01MH126196

NIMH: R34MH124390

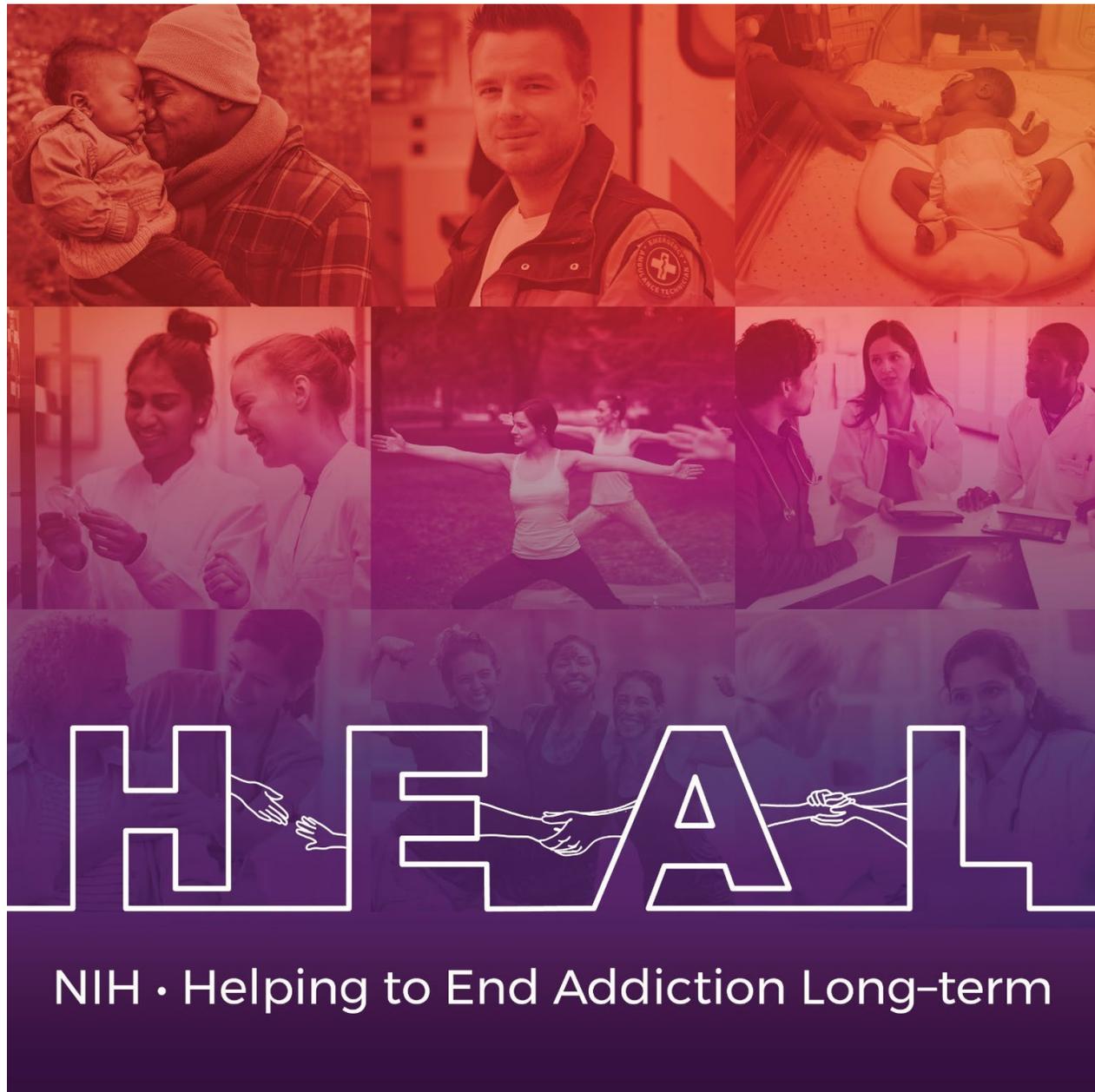
AHRQ: K12HS022986

Contact

Email: earnshaw@udel.edu

Website: <https://earnshawlab.org>

Twitter: @UDStigmaLab



Stigmatizing Imagery for Substance Use Disorders

Jessica Hulse, Addiction Policy Forum
DeAnna Hoskins, JustLeadership USA

Strategic Priorities

1

Help Patients and Families in Crisis

Provide new, effective resources and support for patients and families in crisis.

2

End Addiction Stigma

Provide new, effective resources and support for patients and families in crisis.

3

Advance Prevention

Helping communities and families take steps to prevent addiction or find it at its earliest, most treatable stage.

4

Increase Uptake of Evidence-Based Practice

Address barriers to adoption of scientifically proven evidence and interventions around the prevention and treatment substance use disorders.

5

Advance Research

Facilitate patient-led research and accelerate the translation of research findings to the SUD community.



OUR MISSION

JustLeadershipUSA's mission is to amplify the power of people who have been directly impacted by the criminal legal system to self-organize and dismantle oppressive systems in their communities to build a just U.S.

JustLeadershipUSA was founded on a principle that “those closest to the problem are closest to the solution but farthest from resources and power to do anything about it.” We amplify the power of directly impacted people by educating, empowering, and investing in them, elevating their voices so they have the tools and resources to self-organize and advocate for themselves, their families, and their communities.

Together we build an equitable, fair, and just United States.



OUR WORK



Leadership Training Institute.

JLUSA's Leadership Training Institute has provided thousands of directly impacted people across the nation with the expertise, skills, and social capital they need to be effective leaders.

JLUSA has trained more than 1,400 people from 45 states and Washington, D.C.

Leading with Conviction

The program is a cohort-based, 12-month-long, advanced training opportunity for mid- to senior-level leaders who have **a track record in advocacy, activism, and community organizing**, including those working in the social, economic, or justice reform areas. LwC takes place both in-person and virtually.

Emerging Leaders

A training program for directly impacted people **organized in collaboration with community-based partners**. EL creates a space for grassroots activists to become leaders at the forefront of efforts to dismantle oppressive systems in their own communities.

#2MillionVoices

Named for the number of people in our nation's jails and prisons, #2MillionVoices **reaches out to those on the inside** and invites them to share with us their thoughts, concerns, recommendations, and solutions.

Leadership in Action

We forge **intersectional partnerships** across organizations and build relationships with policymakers at the local, state, and federal levels in order to dismantle racist and oppressive systems

Individuals Experiencing SUD Stigma



More likely to continue engaging
in substance use

Tsai, 2019



Greater delayed treatment access
and higher rates of dropout

Corrigan, 2006

Individuals Experiencing Stigma from Criminal Justice Involvement



Greater psychological
distress

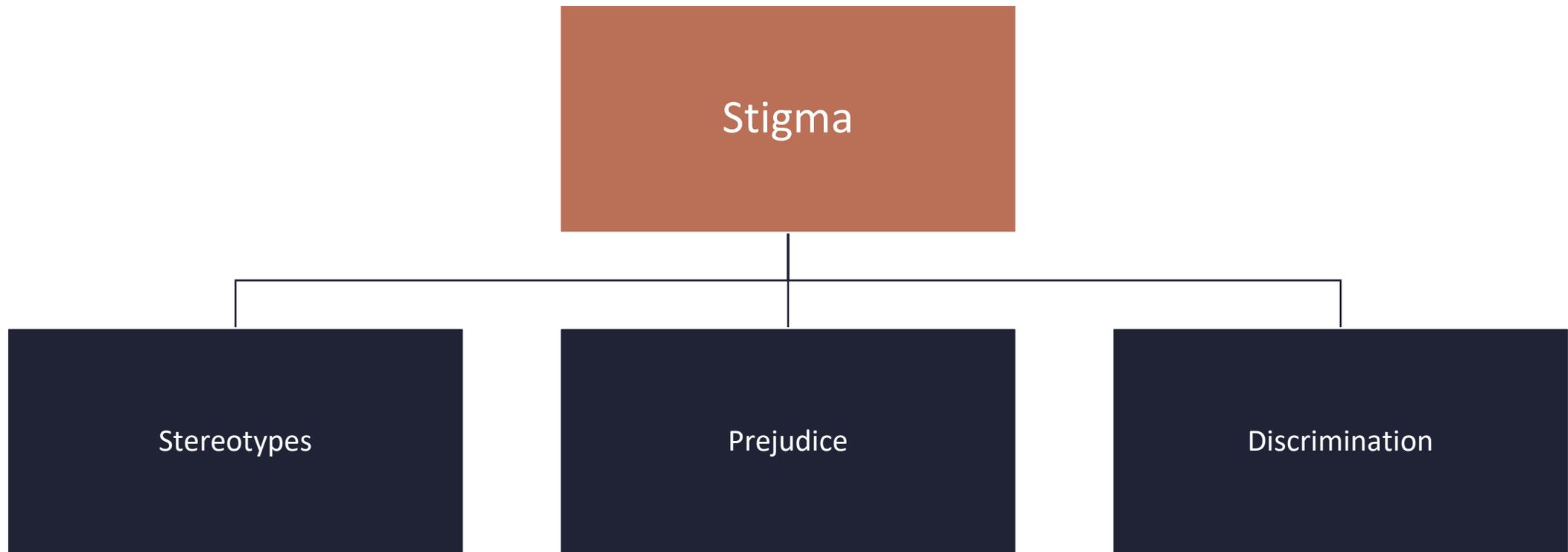
Turney, 2013



Decreased self esteem and
greater social isolation

Moore, 2016

Manifestations of Stigma



Addressing Stigmatizing Language

Language Matters

Say This

Not That

Substance Use Disorder

~~Substance Abuse~~

Individual with a Substance Use Disorder

~~Addict, Junkie, Druggie, Drug Abuser~~

In Recovery

~~Clean~~

Positive Drug Test

~~Dirty Drug Test~~

Stigmatizing imagery for substance use disorders: a qualitative exploration

Hulsey, J., Zawislak, K., Sawyer-Morris, G., Earnshaw, V. (2023)

JCOIN/HEAL Supported Study

RESEARCH ARTICLE

Open Access



Stigmatizing imagery for substance use disorders: a qualitative exploration

Jessica Hulsey^{1*}, Kayla Zawislak¹, Ginnie Sawyer-Morris¹ and Valerie Earnshaw²

Abstract

Background Stigma is a significant barrier to the treatment of individuals with substance use disorders. While prior efforts have been made to change stigmatizing language to refer to individuals with substance use disorders (SUD), little is known about the effects of stigmatizing imagery. There is a need for complementary qualitative research to identify both stigmatizing and non-stigmatizing imagery in the field of SUD.

Methods This study used qualitative methods to identify stigmatizing and non-stigmatizing imagery for SUD and explore the reactions of people with lived experience with SUD to SUD-related imagery. We conducted focus groups and brief semi-structured qualitative interviews with 14 individuals in recovery from a range of SUD.

Results Participants identified images of substance use and criminal justice contact that are negative or stigmatizing, along with alternative images that were endorsed for use. The unanticipated concept of imagery-induced triggering and cue reactivity emerged in the interviews, along with an emphasis on diversity in race/ethnicity, gender, and age for representations of both patients and clinicians in all imagery.

Conclusions The findings can be helpful in informing imagery that can depict addiction, individuals with SUD, and individuals involved in the justice system for various fields from research to media, public health, and community-based programming. Based on qualitative feedback from patients on triggering effects and reactivity to visual cues, it is never appropriate to use drug use and drug paraphernalia imagery to depict substance use or misuse or pictures of people in cages.

Background

Individuals with a substance use disorder frequently experience stigma, which includes prejudice, stereotypes, and discriminatory treatment. Stigma results from a social process in which certain marks are constructed as indicators of tarnished character. These marks are used to justify discrimination and power loss of people with that characteristic, such as addiction (Earnshaw, 2020). The effects of stigma can hamper treatment, recovery,

and reintegration outcomes. Individuals with substance use disorder (SUD) who experience stigma are more likely to continue engaging in substance use potentially as a way to cope with the stigma they are facing (Tsai et al., 2019), manifest greater delayed treatment access and higher rates of dropout (Corrigan et al., 2006), and show reduced help-seeking behaviors (Stangl et al., 2019). The *National Survey on Drug Use and Health* found that 22.7 percent of individuals in need of treatment reported that stigma kept them from pursuing addiction treatment (SAMHSA, 2015). Both imagery and language are powerful tools of communication and mechanisms of behavior change (Daundasekara et al., 2019); they serve as a means to identify, label, and alienate stigmatized groups (Ashford et al., 2018). Although some research has identified stigmatizing language, little work to date has explored

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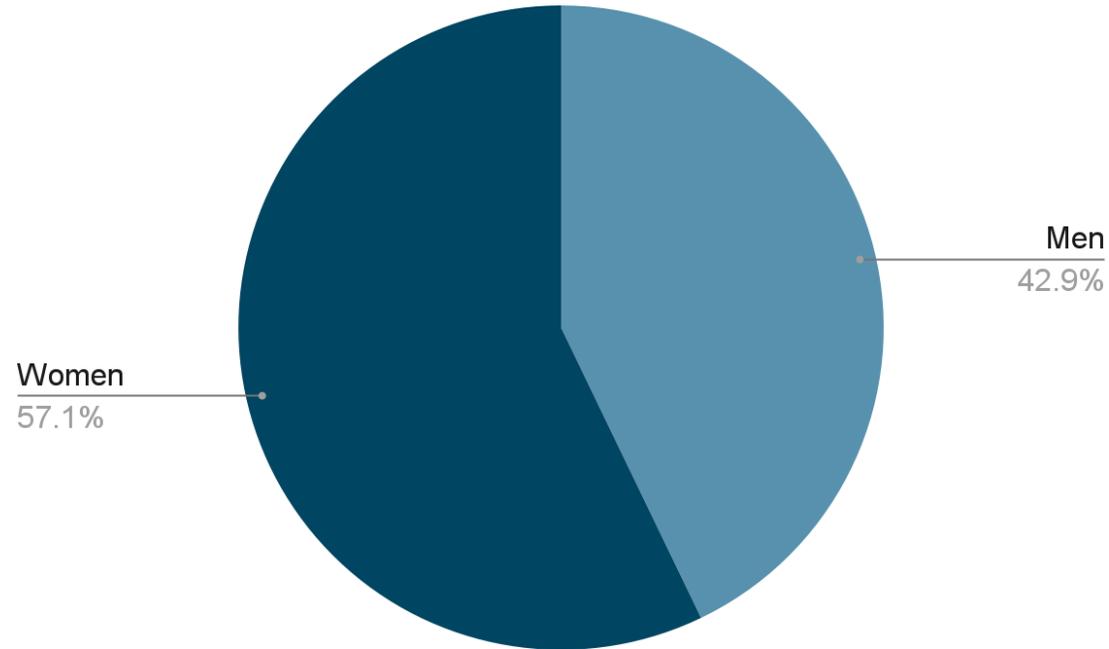
² University of Delaware, Newark, DE 19716, USA



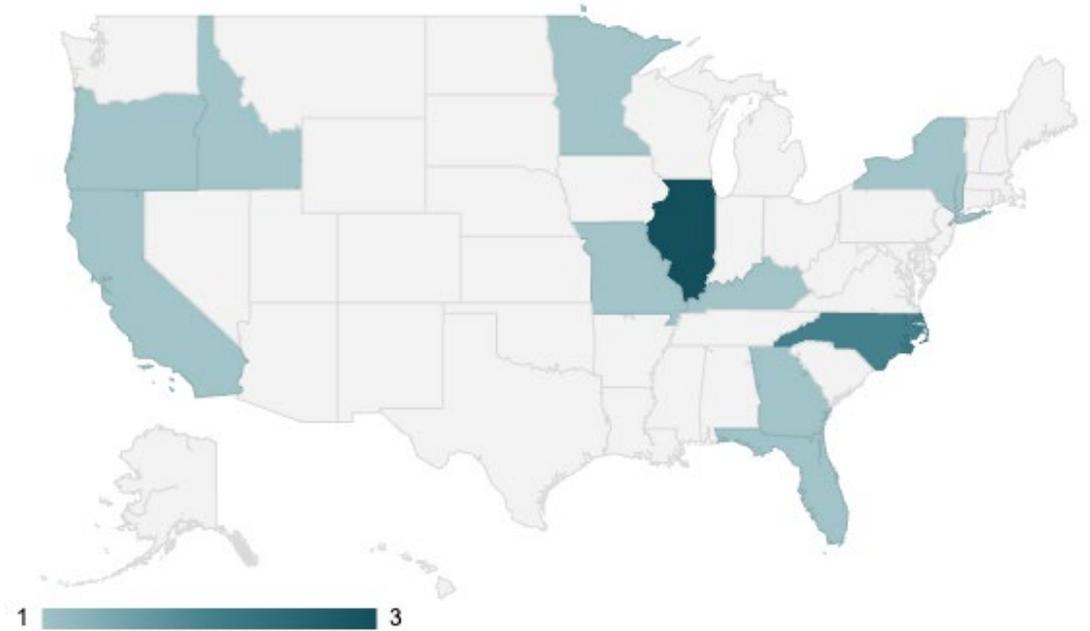
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Study Participants (14)

8 Women/6 Men

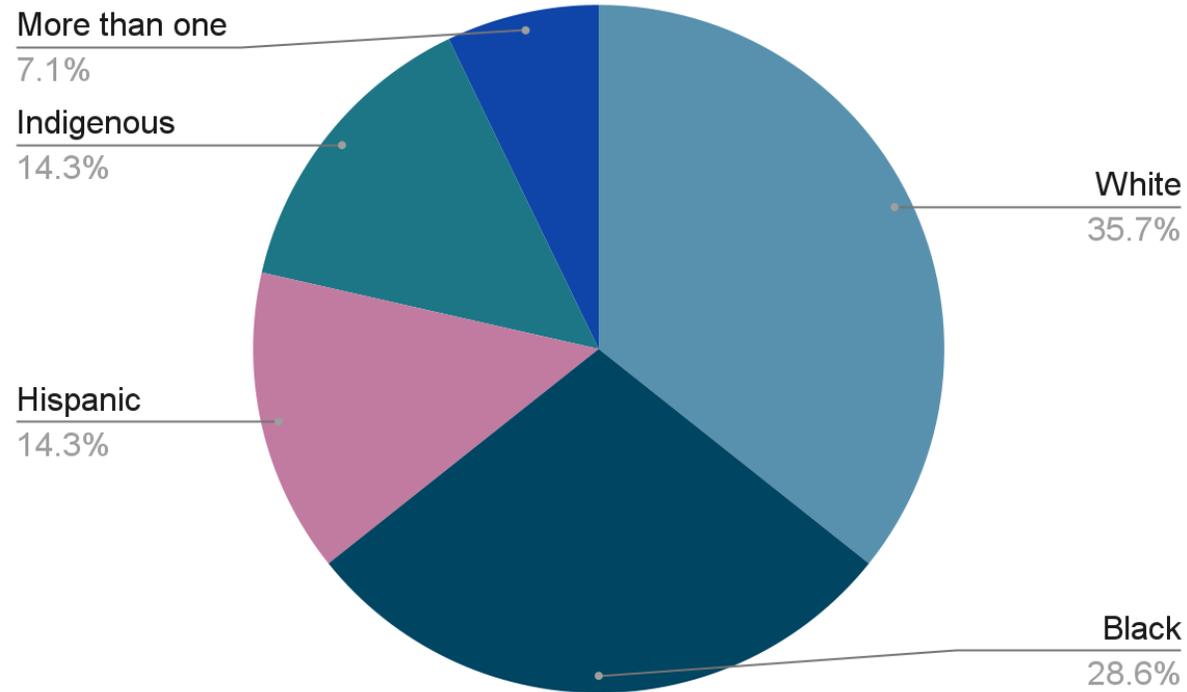


11 States

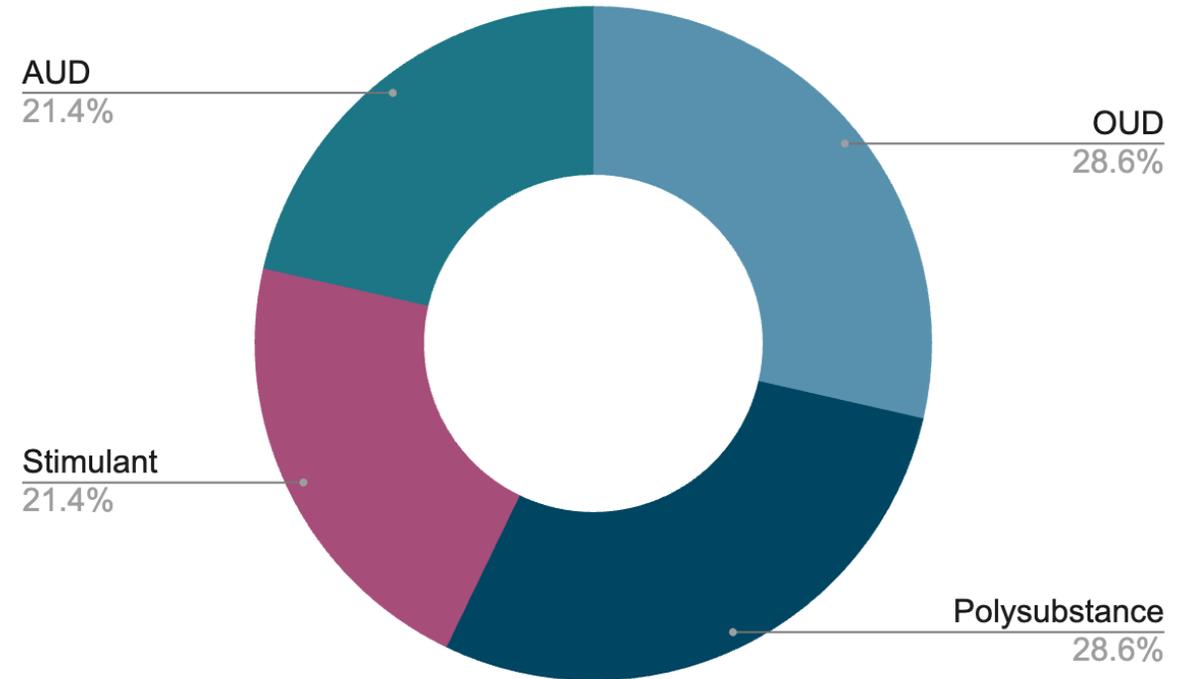


Study Participants (14)

Race/Ethnicity



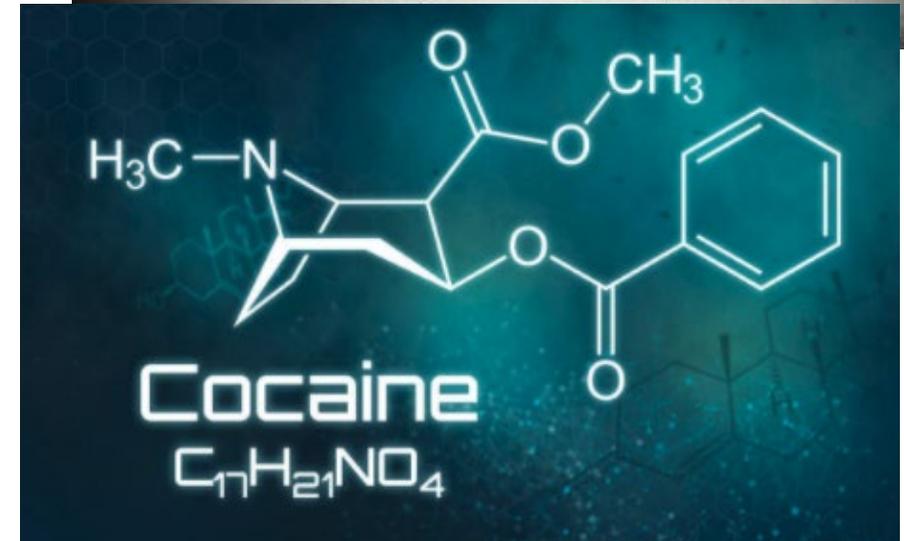
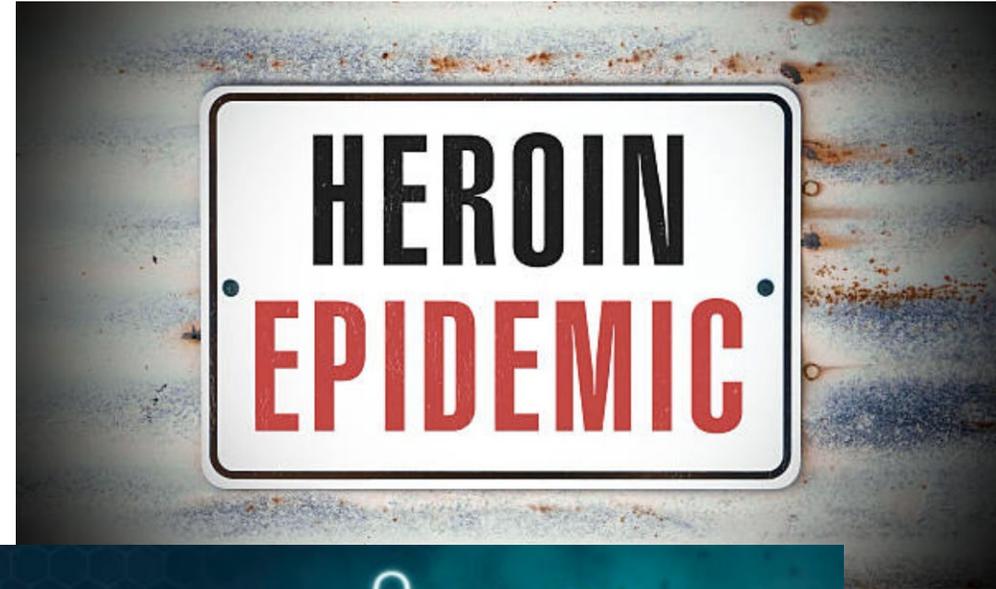
SUD



Substance Use Disorders

- Use conceptual images that use typography, molecular symbols or dictionary cutouts.
- Do not feature images of substances or people using substances.

Do's



Use Conceptual SUD Imagery



A participant shared that the conceptual imagery **“keeps it scientific. It keeps it fact-based.”**

Substance Use Disorders

Don'ts



”People with 10 years of like sobriety would still be triggered by the, by those images of like someone shooting up are, you know, or if you put like a math pipe there. For example, you know, with smoke going out of it. It's, it's going to be triggering.”

Cue Reactivity



Patients shared the triggering effects and reactivity to visual cues to images depicting drug use and drug paraphernalia.

Patients Receiving Treatment

Do's



“I love the hand holding because I think it communicates if you're talking about patient services treatment it communicates what we actually do to help people get to where they need to be.”



Don'ts



Guidance: Include photos of hand holding, individuals in circle to illustrate group therapy or mutual aid support groups. Do not include images with substances in frame, images that indicate hopelessness or sadness.

Treatment/Hospitals

Guidance:

- Use photos of stethoscopes, medical icons, hospital external and internal photos without patients present, and doctors without patients in frame.
- Ensure racial diversity among medical personnel shown.

Do's



Don'ts



Recovery

Guidance:

- Utilize photos of wellness, health and vitality.
- Images including nature and landscape are positive and reinforce themes of new beginning and health.
- Do not use images that indicate hopelessness or sadness or resemble private treatment websites.
- Avoid images with physicians holding clipboards or checklists.

Do's



Don'ts



“Every time you go to like a treatment centers like website or something. I think you get like what I feel. Are these ghoulish pictures of like people that you really can't see, and they're kind of like looking out of these like windows.”



Law Enforcement

“Anyone in handcuffs -- that's not their best day and it's not the right way to portray individuals either going to the criminal justice system, who are who have a substance use disorder.”

Guidance:

- Include photos of police cars, sirens, or police stations.
- Avoid images of people being arrested, individuals in handcuffs, or altercations with police.
- If imagery of a police officer is required, include a police officer without other individuals in the image.

Do's



Don'ts



Jails/Prisons

“Yeah, I mean there's just something like really brutal about like the rows and rows, it's pretty dehumanizing. I mean, the cell itself like putting a person in a cage is already dehumanizing enough.”

Do's

Guidance:

- Include photos of the outside physical structure without barbed wire as a focal point.
- Use images of empty common area inside the facility, or of a modern cell (no bars).
- Avoid images of bars and lines of cells, people in cells or jumpsuits, hands on bars, and images of barbed wire.



Don'ts



Courts

Do's

Guidance:

- Include photos of empty courtrooms, a gavel, or the scales of justice.
- Avoid images of people in courtrooms and individuals in handcuffs.
- If imagery of personnel is required, include a judge, district attorney or other professional without defendants in the image.



Don'ts



“You know the pictures and the imagery send a whole another negative message and triggers a lot of emotions to unfair sentencing, unfair representation.”



Reentry/Probation/Parole

Guidance:

- Include photos of roads and pathways with hopeful coloring, doors opening with a hopeful theme and abstract images of the community.
- Avoid images of jumpsuits, handcuffs, and images that reflect despair.



Do's

“The imagery of walking from the darkness into the light as a transition of reentry and, you know, always utilize that from hopelessness to hope that that's what reentry, should it be.”

Don'ts



“That orange jumpsuit jumpsuit... It's just, again, kind of this presumption of, you know, I'm guilty until proven innocent almost instead of innocent until proven guilty.”

Thank you

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Communicating with less stigma:

Words, Images, Stories

Anne Rancourt, Communications Director
National Institute on Drug Abuse

July 27, 2023

Person-centered, science-based communications strategy

Stigma and Discrimination

En español

Highlights

- Although substance use disorders are chronic and treatable medical conditions, studies show people with these disorders still face discrimination and stigma (a set of negative attitudes and stereotypes) that can impact their health and well-being in numerous ways. This stigma also affects people who use drugs who do not have a substance use disorder.
- There are safe, effective, and lifesaving tools available to help people struggling with substance use. However, stigma often factors into the reasons why people who need help do not seek care.
- Research shows the language we use contributes to stigma and discrimination against people



Photo by ©Getty Images/FG Trade

Words Matter

Learn more about preferred language for talking about drug use and addiction.

nida.nih.gov/research-topics/stigma-discrimination

Talking About Yourself or Others with Substance Use Disorder

Use...	Instead of...	Because...
<ul style="list-style-type: none"> ▪ Person with a substance use disorder¹⁰ ▪ Person with an opioid use disorder (OUD) or person with opioid addiction 	<ul style="list-style-type: none"> ▪ Addict ▪ User ▪ Substance or drug abuser ▪ Junkie 	<ul style="list-style-type: none"> ▪ Using person-first language shows that SUD is an illness. ▪ Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem.⁶ ▪ The terms avoid elicit negative associations, punitive attitudes, and individual blame.⁶

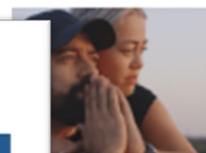
Latest from NIDA



Nora's Blog

To End the Drug Crisis, Bring Addiction Out of the Shadows

November 8, 2021 | Dr. Volkow writes about her personal experience with stigma and the need for intervention to change attitudes



Nora's Blog

Punishing Drug Use Heightens the Stigma of Addiction

August 9, 2021 | Punitive policies around drugs contribute to the overwhelming stigma against people with addiction



News Release

Words matter: language can reduce mental health and addiction stigma, NIH leaders say

July 18, 2021 | Appropriate terminology can improve how people with these conditions are treated in health care settings and society



Nora's Blog

Addiction Should Be Treated, Not Penalized

May 7, 2021 | A public health approach to drug addiction is critical for population well-being and health equity

CME/CE Activities on Language & Stigma



Words Matter - Terms to Use and Avoid When Talking About Addiction: A CME/CE Activity

Description

This CME/CE activity informs clinicians on how they can show leadership in how language can destigmatize the disease of addiction. It is focused on using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing addiction.

[Start the Activity](#)

Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder: A CME/CE Activity

Description

This CME/CE activity highlights your role in helping destigmatize addiction and substance use disorder and reduce negative bias among pregnant women and mothers. The activity has background information and tips for providers on language to use or avoid.

[Start the Activity](#)

A picture is worth a thousand words



[Wikimedia Commons](#), CC0

What does 'health' look like?





Getty Images/[yulkapopkova](#)

Person-centered images: People not drugs

- Choose an aspirational emotion/outcome
- Include diversity, especially of social class, race/ethnicity, sex/gender, ability, physical features, family structures



©Getty Images/10'000 Hours



nida.nih.gov

To End the Drug Crisis, Bring Addiction Out of the Shadows | National ...
Dr. Volkow writes about her personal experience with stigma and the need for intervention to change attitudes

8

49

147



Source: [Twitter.com/nidanews](https://twitter.com/nidanews)



to use and not have to rely on like going to a street and buying it, or like hoping



From a national research institute

Learn how experts define health sources in a journal of the National Academy of Medicine [↗](#)

What is Harm Reduction?

Resources Recap

- [NIDAMED Clinical Resources](#)
 - [NIDAMED CME/CE Activities](#)
 - [Words Matter - Terms to Use and Avoid When Talking About Addiction](#)
 - [Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder](#)
 - [NIDAMED: Addressing Stigma and Health Disparities](#)
 - [SIGN UP for NIDAMED news alerts](#)
- [At the Intersection: HIV & Substance Use Research video](#) on caring for people who use drugs
- NIDA's [Stigma and Discrimination](#) portal
- Medications for Opioid Use Disorder [video](#) and [infographic](#)
- Recovery Research Institute's [Addictionary](#)[®]
- [NIAID HIV Language Guide](#)

Thank you!

- Anne.Rancourt@nih.gov
- Special thanks to NIDA Communications team members:
 - Judith Lavelle, Content Team Lead
 - Josie Anderson, Multimedia Lead
 - Michelle Corbin, NIDAMED Lead

Questions?

If you have any questions for the presenters, please let us know via **Chat.**



The Next Step: Join Us for Office Hours



A Deeper Exploration of our
Sharing Session topic with
HEAL Connections

ABOUT OFFICE HOURS

- Consult with your peers and our in-house team of communications experts, receiving input specific to your research project
- Incorporate the inclusive imagery and language best practices we shared today into your specific dissemination efforts

[Register Today!](#)

<http://bit.ly/InclusiveLanguageOfficeHours>

NIH
HEAL
INITIATIVE

CONNECTIONS

Partnering to Accelerate Research into Action

TOPIC

**Inclusive Language, Imagery,
and Storytelling for Addiction
and Pain Research Teams**



Burel Goodin
Professor of
Anesthesiology
Washington University
School of Medicine



Jess Hulseley
CEO and Founder
Addiction Policy
Forum



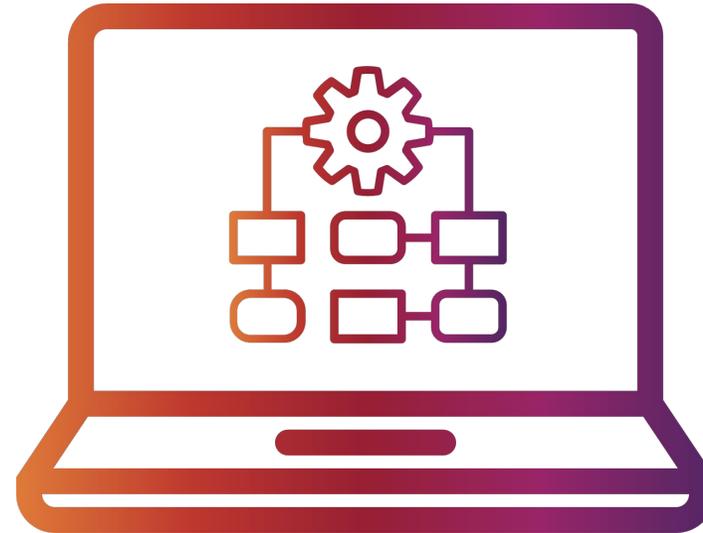
Kerry Stenke
Graphic Designer
Duke Clinical
Research Institute

**MONDAY,
SEPTEMBER 18
12:00 P.M. ET
to 1:00 P.M. ET**



Stay tuned for post-event follow-up emails with:

- Registration for Office Hours
- HEAL Connections Sharing Session webpage featuring recommended resources
- Evaluation survey



Meeting Evaluation

- To help design, contribute to, and improve our programming, please complete the evaluation survey at <https://bit.ly/SharingSessionSatisfaction>



HEAL CONNECTIONS

SHARING SESSION



Inclusive Language, Imagery, and Storytelling for Addiction and Pain Researcher Teams

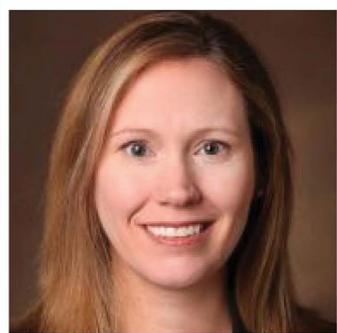
August 31 | 1PM ET

Part 1 of this series focused on Inclusive Language, Imagery, and Storytelling for Addiction Research Teams. It took place on July 27.

Part 2: Focus on Pain



Walter Koroshetz, M.D.,
Director,
National Institute
of Neurological
Disorders and Stroke



Kerri Cavanaugh, M.D.,
Associate Professor of
Medicine, VUMC



Joanna Hobson, Ph.D.
Can,
University of Alabama
at Birmingham



Kate Nicholson, J.D.,
Founder and Executive
Director, National Pain
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**Soumitri Sil,
Ph.D.,**
Associate Professor
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Psy.D.,**
Psychologist, University
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