



Addiction Doesn't Define Me

SUPPORT HELPS, STIGMA HURTS.



A Toolkit For Berks County Media and Communication Professionals





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INTRODUCTION

Just about all of us know someone struggling with addiction, whether we realize it or not. Opioid and other substance use disorders can affect anyone, but addiction doesn't define who someone is. All too often, our family members, friends, and neighbors in Berks County suffer in silence. Fear of being judged and outcast keeps individuals with substance use disorders and other addictions in the shadows. This fear prevents them from seeking needed treatment and receiving the support they deserve.

How individuals with substance use disorders are portrayed in the media impacts public perceptions and can hinder the pursuit of helpful services. Sensationalist media stories too often fuel the stigma surrounding addiction. Accurate portrayals of the recovery process from addictive diseases is essential. Your words are a powerful tool. You can facilitate a change in our culture to help individuals suffering from a substance use disorder receive services and pursue recovery. This toolkit provides guidance on how you can make a difference when communicating to the public about addictive diseases.

“ Growing up with a loved one suffering from substance use disorder has taught me to be the best version of myself. I know how to ask for help, and if I see someone struggling, I am able to share my experience and tell them that it's okay to be scared, that you are not alone and despite the negative stigmas, addition does not define you. ”

– Paige C.



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FROM ANONYMITY TO RECOVERY OUT LOUD: THE JOURNEY OF RECOVERY

The recovery movement has experienced a remarkable journey over the past 85 years from the creation of Alcoholics Anonymous in 1935 to the development of a multitude of pathways to recovery. How we communicate about addictive diseases has changed as our understanding and perspectives have evolved. The most notable transition during this journey is the fact that many persons impacted by substance use disorders have transitioned from anonymity to sharing their stories and lending their voices to the recovery movement.

Anonymity is a key component of the 12-step traditions of Alcoholic Anonymous. These traditions were created to provide guidance to members. Anonymity within a 12-step program (when understood and respected) has many benefits. It can serve to keep all members equal, "right-sized," and humble. It keeps members accountable to the spiritual principles of the program. Anonymity also helps keep who and what happens at 12-step meetings private.

When most people in recovery talk about "anonymity" they are referring to the Alcoholics Anonymous or Narcotics Anonymous definition of anonymity. Some people in recovery have taken the stance that "I can't talk about my recovery" or that recovery shouldn't be spoken about at all. However, as the need for the empowerment of persons in recovery grew, the importance of living outside the rooms became recognized. The emergence of the "Recovery Out Loud" movement in recent years has increased the importance of honoring all recovery movements.

During this journey, the use of the word "addict" to refer to someone with a substance use disorder has also evolved. In the early days of the 12-step programs, individuals referred to themselves as an "addict" and an "alcoholic" as a means of acknowledging the presence of the disease. Today, the use of these terms is considered stigmatizing since it defines the person by the disease and not their strengths and hope. While the word "addict" may still be used in mutual aid support groups, as a society we must move forward to embrace language that empowers recovery.



ADDICTION IS A DISEASE

“ Society deals with addiction not as a chronic, treatable disease, but as a moral weakness and a product of bad character. ”

– **Tom Hill**, Project Coordinator, Speak Out!, Lesbian, Gay, Bisexual, Transgender Voices for Recovery

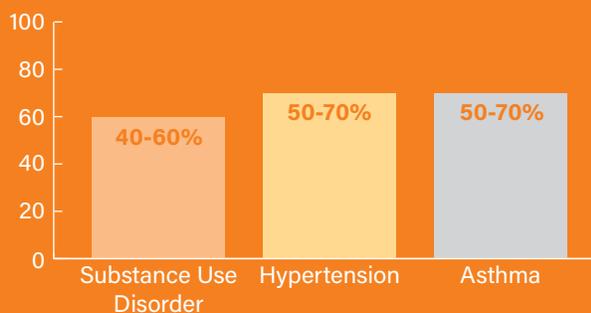
Addiction is a disease. Many people view addiction as the result of an individual decision to use drugs and alcohol rather than the development of a brain disease. While the first use may be a choice, once addiction changes the brain, experts have found that a person loses control of their behavior. Substance use is then no longer an option. It becomes a physiological need such as eating and sleeping.

The American Society of Addiction Medicine (ASAM) defines addiction as “a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.”¹

Relapse rates for people treated for **SUBSTANCE USE DISORDERS (40-60%)** are comparable to **HIGH BLOOD PRESSURE** and **ASTHMA (both 50-70%)**²

10 PERCENT of US adults have a drug use disorder at some point in their lives³.

Comparison of Relapse Rates Between Substance Use Disorder and Other Chronic Illnesses²





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THE VOICE OF FAMILIES

Addiction is a family disease and all those affected by an individual's substance use disorder can benefit from support and respect. Stigma can hinder family from seeking the support they need, just like it may discourage their loved one from seeking treatment. A family struggling with the extreme emotions accompanied by addiction may find talking about their experiences publicly very difficult. When interviewing a family impacted by addiction, privacy and vulnerability must be respected.

Connecting with Individuals and Families in Recovery

Individuals in recovery can offer the most insightful perspective about the challenges of addiction and their individual pathways to recovery. However, speaking about recovery is a personal choice and each person's level of comfort is different. When speaking about personal recovery, a phrase often used is "I am a person in long-term recovery." This simple statement helps reduce stigma around the stereotype of those who have a substance use disorder. More importantly, it instills hope that individuals get well.

“

After my brother passed away, my family experienced judgment and slander, and we learned that society as a whole looks down on people with substance use disorders. Those suffering from addiction need to understand that they are the majority, not the minority, that addiction does not discriminate, and WE are here for you.

”

– Pat M.



“ Recovery is a paradox. During treatment and 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

STIGMATIZING WORDS HURT

TIPS FOR MEDIA AND COMMUNICATION PROFESSIONALS

The 2017 version of the Associated Press Stylebook includes an update on how journalists ought to refer to people with addictions. The AP’s new recommendation now instructs its followers to “avoid words like *alcoholic, addict, user and abuser* unless they are in quotations or names of organizations”—such as the National Institute on Drug Abuse or Alcoholics Anonymous—and to “instead, choose phrasing like *he was addicted, people with heroin addiction or he used drugs*.”⁴ By using person-first language like this, we can make great progress toward reducing the deadly stigma associated with addiction.

Words to Avoid/Words to Use⁵

| DON'T USE | USE PERSON FIRST LANGUAGE |
|----------------------------|---|
| Addict/Alcoholic | Person with an addiction (or substance use disorder) |
| Drug Abuser/Junkie | Person with unhealthy or harmful substance use |
| Dirty/Clean Drug Screening | Positive or Negative drug screening |



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WHEN WRITING FOR MEDIA AND COMMUNICATIONS AROUND THE TOPIC OF SUBSTANCE USE DISORDERS, WE ASK YOU TO CONSIDER THE FOLLOWING:

DO

- When reporting on addiction disorders, include the perspective that they are treatable health conditions.
- Portray addiction recovery as normal and attainable, as opposed to an exception to the rule. Research shows most individuals with a substance use disorder experience recovery.
- Emphasize the richness and rewards (contributions to family and community) of long-term recovery. Recovery stories should focus on not just individual recovery, but that of the family and the community.
- Differentiate between active addiction disorders, treatment, and recovery. Look for stories of long-term recovery, as opposed to those who are new in recovery.
- Use positive or neutral images like those used in this toolkit.
- Focus on stories of recovery.

DON'T

- Use sensationalized images that encourage the public's moral outrage, as well as any image that may trigger cravings for someone in recovery.
- Show people in the throes of their illness (passed out, actively using drugs, drinking, or gambling).
- Select graphic photos depicting drug use. This includes images of alcohol, drugs, pills, powders, paraphernalia (spoons, needles, razor blades), and gambling items (dice, cards, casino games).
- Focus on the dramatic details of past active addiction.



MYTHS VERSUS REALITY

“Well, it’s their choice to use.”

Addiction is not a choice. Addiction is a medical condition that needs attention.

“A person should only be revived from Narcan a few times, and then be left to die.”

We don’t neglect care for those with other diseases that need repeated medication attention. Why is addiction any different?

“Narcan just enables people to keep using.”

Narcan enables people to continue living and gives them the opportunity to enter treatment and recovery.

“Using MAT isn’t real recovery.”

Everyone’s treatment for their addiction and their pathway to recovery is different. The combination of medication and behavioral modification therapy (Medication-Assisted Treatment) has been shown to be superior to therapy alone.

“She has already been to treatment four times. Don’t you think it’s not working?”

Because someone has entered treatment multiple times, does not speak to the fact that the treatment does not work. This speaks to the aggressive and severe forms that addiction can take. Just like someone who has to enter cancer treatments many times, and sometimes still relapses, often an individual with an addiction must do the same.

“If someone has a stable job and family life, they can’t be suffering from addiction.”

The reality is that anyone can be vulnerable to addiction. Many people hide the severity of their illness or don’t get help because of stigma and shame. If drinking or using drugs causes any kind of conflict or problem, it’s worth seeking support. (Face It Together)

“ Stigma causes discrimination against people suffering from substance abuse problems, as well as their families and treatment providers. It delays acknowledgment of the disease and inhibits prevention, care, treatment, and research. ”

– *Susanne R. Rohrer, RN*, Center for Substance Abuse Treatment, Rockville, Maryland



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Take the first step in breaking through the stigma of addiction

Additional Suggested Resources:

SOS Berks Stigma Reduction Campaign

"Addiction Doesn't Define Me, Support Helps, Stigma Hurts" | <https://www.sosberks.com/addiction>

DDAP's Media Toolkit for Covering Substance Use Disorder

https://www.ddap.pa.gov/Documents/Agency%20Publications/Media%20Toolkit.pdf?fbclid=IwAR0Vq1xai-6nH-EObwZ_qyqWvKdTYPEQRSJsvCpbzDwRhAQTVjv_eFrmitY

Pennsylvania Stigma Reduction Campaign

Life Unites Us | <https://lifeunitesus.com/>

Faces of Recovery

<https://facesandvoicesofrecovery.org/>

References

- ¹ Association of Society of Addiction Medicine, <https://www.asam.org/resources/definition-of-addiction>
- ² Journal of American Medical Association, 284:1689-1695, 2000
- ³ National Institute of Health, <https://www.nih.gov/news-events/news-releases/10-percent-us-adults-have-drug-use-disorder-some-point-their-lives>
- ⁴ <https://slate.com/technology/2017/06/the-associated-press-removes-words-like-addict-and-drug-abuser.html>
- ⁵ <https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>



“ Eleven years ago, I hit rock-bottom. After 20 years of actively using drugs and experiencing all of the judgment that comes with it - low self-esteem, feelings of being 'less-than' - my family led me to seek treatment. I cannot express in words how my life has changed for the better since being in recovery. I *have* a life today.
- Kristin S.

“ My sober date is January 25, 2010 but no matter how much sober time I get, there are people who've never done drugs that don't find this impressive. Someone told me very early in recovery, write down everything you want in life and if you get 5 years clean you will have short-changed yourself. 9 years later, I am employed, married, living in my own home and providing for myself and others. Don't give up, don't ever give up. This is what recovery does.
Daniel M.

“ I lost custody of my child and fell out of touch with my family and myself and ended up incarcerated before seeking treatment. Even while in jail, I was judged as an addict. I felt ashamed, lost and hopeless. Recovery was scary at first, but it's possible with hard work and a support system. I have my family back, I have a degree, and I am a certified recovery specialist. Even if this attempt at recovery is your 12th attempt, this could be the one that sticks.
- Angela H.

