LANGUAGE SHOW

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The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment presents the Road to Recovery. This program celebrates those in recovery from substance use disorders and recognizes the work of treatment providers across the country. Today's topic is Language Matters: Talking About Addiction and Recovery.

Hello, I'm Yvette Torres. Welcome to another edition of The Road to Recovery. Today we'll be talking about the language that we use on issues related to addiction and recovery. Joining us in our panel today are Daphne Baille, Director of Communications, Treatment Alternatives for Safe Communities, TASC Incorporated, Chicago, Illinois. Dr. John Kelly, Associate Professor in Psychiatry, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts. Lureen McNeil, Director, Bureau of Recovery Services, New York State Office of Alcoholism and Substance Abuse Services, New York, New York. Carlos Hardy, Director of Public Affairs, Baltimore Substance Abuse Systems, Incorporated, Baltimore, Maryland.

John, what role does language play in forming public opinion on addiction and mental health issues?

John Kelly

I think language plays a critical role; after all, it's the, it conveys the meaning of, of what we're trying to express. And we should think carefully about the terms that we use because of that.

So, why does some language impede the understanding, Lureen, of, of our field and the way we refer to people?

Lureen McNeil

Well, I think particularly now that we have this new recovery framework, people are holding on to the old language. And the new language really holds the fullness of the framework, it really shows the validity of the framework, it shows the reality of recovery. And so the fact that people are holding on to that old language, is really impeding us from moving forward into this new framework.

And, Daphne, what are we talking about in terms of the old language, the new language, and the transition that we're trying to create?

Daphne Baille

Old language is using phrases like addict, junkie, user, substance abuser, rather than calling people, people; then we're using terms that define them by an action, and that is inappropriate. New language refers to a person. We are people, first and foremost, and we may be people with histories of substance use disorders or whatever term that we choose to use, how we choose to call ourselves. But the old language talks about a person in association with the illness. The new language is the person.

The illness or a value-laden opinion about that person and not even referring to that person.

Daphne

Thank you, yes. The old language is more judgmental, it makes moral statements and moral judgments, and the new language talks about this as a health issue. This is a health issue that we're dealing with, and the old language doesn't acknowledge that.

And, Carlos, did that affect you in your path to recovery?

Carlos Hardy

It did early on. September is really important for me because it happens to be my anniversary month ...

It's also Recovery Month.

Carlos

It is also Recovery Month, thank you for pointing that out. But September 23rd will represent my 17th year as a person in long-term recovery. And so I go back to my first opportunity to be in the treatment and some of the labels, and what was really interesting is that folks in the program themselves were labeling themselves. So the, you could be in a 12-step meeting, and it's recommended, a particular fellowship that I attend, that you identify yourself simply as an addict. And folks thought it was real cute to identify themselves as low bottom or a rock star or some of the things. So for as much as society and the public labels us or attaches labels, early in the recovery process, folks had a tendency back in the day to label their own selves as well.

And, John, therein lies the conundrum, I think. The notion of the mutual support process does promote and sustain a certain type of language that would tend to perpetuate, I believe, the very labels that we're trying to overcome—is that correct?

John

I think so because these, these terms are so embedded in, in our culture, in our psyche that it takes a long time for them to, to change. Even in spite of, as Daphne was saying, you know, the new scientific knowledge we have of the nature of these disorders.

Talk a little bit about that.

John

We've learned a lot in the last 25 years in terms of, I think, particularly neuroscience findings that have really elucidated the mechanisms, the kind of brain damage that occurs as a function of chronic exposure to alcohol and other drugs. And this has really helped us really understand what's really going on and why people who historically have been viewed as having weak character and weak will, is really a function of brain damage which impairs their ability to regulate those impulses. And that's, I think, very, very important. Given that understanding, I think it's very important that we establish and convey the new terms. For example, calling it a disorder, if it's a disorder, a substance abuse disorder, and, of course, when you use the term substance, calling someone as having a substance abuse disorder as, as opposed to a substance abuser. The distinction there, I think, can be, when you stop and think about it, can be quite clear. One's more of a medical connotation; the other one's more of a judgmental in identifying the

individual themselves as the disorder, instead of, as Daphne was saying, a person with the disorder.

And, Lureen, I want to go into the, the treatment system itself. Are there opportunities for the treatment system, the individuals that are providing the treatment in your, you're in a State entity and certainly this program is sponsored by a Federal entity, are there opportunities for, for those entities to look at the change that needs to happen in language and, and what can be done about that?

Lureen

I think it's very important; I do think it's an opportunity. One of the things that we're doing in New York is that, we've taken the language that SAMHSA has promoted, and we have sort of tweaked it. We have a one-pager, two-sided, that we are going to be taking to every meeting, every meeting with a provider, every convention, everywhere. Because we do think that language is important and there is an opportunity. We are working with the treatment system on this whole move towards the recovery framework, and language is very, very important. The whole idea that recovery is self-directed; we need to be able for people to self-talk.

One of the things that I remember very clearly is, how the addict feels about themselves and how the language really impacts you, being called a junkie, being called an addict. You begin to believe that. You begin to, to enact that behavior. So it's very, very important that while people are in treatment—and not only treatment, the other pathways, the faith institutions. We want to get this information to them. The, the mental health system, the child welfare system, all

different systems, we want to get this language to them so that people will begin to adapt this language and begin to get it to the people that they serve and, and it's very, very important.

And when we come back, we're going to continue to chat about both inside our field and externally, how to deal with the language issue. We'll be right back.

[MUSIC]

Male speaker: For more information on National Alcohol and Drug Addiction Recovery Month, events in your town and how you can get involved, visit the Recovery Month Web site at http://recoverymonth.gov.

Male speaker: Tom Coderre, person in recovery and Chief of Staff for the Rhode Island Senate President, discusses the importance of language to the recovery movement.

Tom Coderre

Language is such an important part of communicating with people what addiction, mental health disorders, and recovery is all about. A lot of people have stereotypes about what these disorders are all about, and they're not accurate. And so using language can really help people understand what those disorders are about, what they mean, and how people are living successfully in recovery today.

Carlos, coming back to our own field, should we be looking internally first and, and seeing how we ourselves feel about those that we serve?

Carlos

There is stigma and discrimination and biases within the field, if not to a larger degree than what you see outside. I think the whole issue of medication-assisted treatment is one that, that we just don't want to talk about.

I think some of it is, is that the workforce is basically trained in a certain modality or methodology or clinical approach and don’t want to veer far from that approach. But in this new day and this new age, we're focusing more on the strength-based approach, a person-centered approach, more so than identifying the person by an action.

Daphne.

There are many people in the field who came into this field in the '70s and in the '80s, when we were using the old language. So for each of us personally, this is a process of learning and enlightenment. And we each have to recognize our own language and first become conscious of what we're saying. And this is about raising consciousness about what are the words that we're using, what do they mean, how do they further stigmatize or label or keep people in a place that is negative, as opposed to language that elevates. And we each have to come to this, individually, and then we do it as a field, because language does indeed shape our thinking, and our thinking shapes our behaviors and our decisions which, of course, shape our lives. And so our language can actually either affect positive change or keep us in a negative place. So it's fantastic that SAMHSA is hosting this conversation because it's part of just raising awareness and talking with each other about what are we saying? And what, what word does work? But we certainly, I think, can look at some of the words and say, this is not effective anymore and we can move beyond that.

Lureen.

I think that there is a resistance to the move from the acute crisis model to the chronic care model, for a lot of different reasons. And I think that language becomes one entity of that. So why are you saying that I can't use substance abuser? I've used it all the time. And I think that we have to recognize that, and then we do have to do a lot of presentations, a lot of discussions like this, and, and I really appreciate the fact that SAMHSA is supporting this new language.

I have to admit, even within our own agency, our team in the consumer affairs office checks many, many materials that are going to be put out and sometimes it's even internally; it's very difficult to keep everyone on a straight and narrow path of using. Daphne was involved with us at one point in, in creating a document that is still out in draft, related to language and that people are using now. Do you remember that, Daphne?

Daphne

I do remember, and it was based a lot on the work of William White, who has written so much on language and the rhetoric of recovery and what words keep us stuck and what words move us for, forward. For example, the issue of relapse. We talk about relapse, and in other illnesses, we might talk about a recurrence or we might talk about reinitiation. But relapse somehow focuses on this was the expected, negative outcome and so ...

And failure.

Daphne

It goes back to the consciousness and what are we conveying and what, what kind of expectations are we conveying with our language? And there are a number of those examples that can be found actually on William White's Web site and other publications that have been done by SAMHSA and by Faces and Voices of Recovery. There are some wonderful resources to help us become more conscious of the language we use.

Lureen

And that connects to the fact that what we can do within the treatment system. If you're working with a person and they understand the framework, they understand the stages of change. They understand that it's, it may be a recurrence—that's not a negative thing, that that may be a part of their stages of change of their recovery, rather than relapse and the stigma that is connected to relapse. Relapse is this, this horrible place that once you fall down, that sometimes you don't get up from. So that's a way that we can work with the treatment system.

Carlos

I also think that, that this, we're presenting really a moving target if you will. It's probably what you would call the flavor-of-the-month syndrome and that also language is open to interpretation, like prevention is somebody in the field would probably mean something that's evidence-based practice. But if you talk to a community person, prevention would be keeping the recreation center open for hours. And all of these terms we use, I think it's confusing, it's confusing to the field itself, and, and sometimes we, we fall into this trap where we think language is interchangeable, and I think it causes more harm than good.

You know, you've hit on something that I have observed over the last 13 years that I've been at SAMHSA, and that is that just when you get comfortable using one terminology, along comes someone else, and then they find, particularly not only in the substance use disorder field but also in the mental illness field. Right, John, I mean it's, it’s just as difficult as we find the, the subject matter in, in the substance use disorder field, you know the mental illness side also presents with, I think, some similar circumstances.

John

For sure. When you think about other disorders, for example, the thought, the one, the disorder that comes to mind quickly when, as a first cousin of substance abuse disorder are eating disorders. Now when you talk about eating disorders, we always, invariably, people use the term eating disorder and don't refer to them as food abusers. When it comes to substances, of course, we have this abuser term, somehow has gotten into the language and culture and becomes very difficult to shift.

And when we come back, we're going to continue to chat about that, and I think we need to get into a dialogue about how we can change this. We'll be right back.

[MUSIC]

Lureen, you wanted to comment.

Yeah, I really wanted to comment on something that Carlos said and connected to what John was saying. Carlos talked about the confusion around the language, and John talked about the

research that really showed how using strength-based language, how it impacts the person. And I think that there is this flavor-of-the-day language. But I think there's an opportunity here for us to really show the leadership because I think the difference is, is that this language that we want to promote is actually something that's going to help people; it is the right thing to do.

So I think that we actually have to take the leadership and make sure that people are using language that is going to promote this culture of recovery.

But particularly now, I think with the health care reform, Daphne, do we have an opportunity here in order to, to really turn things around?

Daphne

We have a huge opportunity here. The country is talking about health care reform, and this is time to take this issue out of the crime pages and into the health pages. This is a health issue, and when we begin to understand that, fundamentally in our own hearts from academia to clinicians to the folks working in our prisons and jails, to understand that we are talking about individual health. This is a gigantic opportunity because this changes the way people see themselves. A lot of people who have suffered with addiction, suffer from just horrible feelings of, of inadequacy ...

Shame.

Daphne

... shame, isolation, and so forth. And when you learn that this is actually something that you have an ability to begin to treat, that other people have overcome themselves, that this is about health. And when you can move from saying, I feel sick to I feel well, as opposed to going from I feel, you know, I'm a bad person to a good person. We're talking about moving from sickness to health. So yeah, it's a great opportunity.

Carlos.

Daphne has, has quoted Bill White quite a bit, and he's truly prolific writer, and agree with the title that folks had given him, the dean of recovery. But he was saying that three ways to deal with social stigma if you will. One is to protest. Stigma and discrimination are illegal, and you need to protest that and bring it to the forefront and hold the folks that are doing it, accountable. But there also is an educational component he talks about. And then there's a contact component. And this is not new. I got this from a 2009 paper that he did with Arthur Evans.

And so I think you had suggested it, we need a multiprong approach where stigma is alive and well and where folks are comfortable with that, we need to hold them accountable. But we need to do some education as well, within the field as well as outside the field. And then I think we need to look at establishing new contexts and reaching out to nontraditional groups if you will, the recovering community. I believe that we could do more in reaching out to them.

And I think that is, that is I tell you, I have been through National Alcohol and Drug Addiction Recovery Month and its events and the testimonials that we see from individuals in recovery. And it's almost painful to see what Daphne was saying in terms of a shamed-based approach to

their recovery. It's an area where folks in recovery are going to have to work with other folks in recovery to bring them along to a comfort level where individuals can then be free of that self-perception, in order for them to change their language. Do you agree, John?

John

I do, absolutely. I think this issue of stigma, which is directly obviously connected to the terms that we use is very important. This is a not a U.S. phenomenon either, it's cross-national. The World Health Organization did a study in the late '90s across 14 different countries, looking at 18 of the most stigmatized conditions, including drug and alcohol addiction. So they had things like being homeless, being a criminal, being HIV positive, all these very heavily stigmatized conditions. And what they found, cross-nationally, drug addiction was number 1, alcohol addiction was number 4; so two of the top four were the most stigmatized conditions cross-nationally.

So what we're dealing with is possibly and probably the most stigmatized of all social problems, if you frame them, put it in that framework. And I think, importantly, there were two factors that I see moderate stigma. One is cause, and the other is controllability. Cause being, it's their fault. Controllability, they can't help it. So it is those two factors. And I think that science now has contributed to our understanding that people with a substance use disorder, they may have had the initial choice to pick up alcohol or another substance, but it's not their fault that they become addicted.

And this is something that's been, been around for a long time. But it eludes most of us, I think, most of the time. And the other thing is controllability. Science is now, as I mentioned earlier, helped our understanding in, in terms of people's inability, the impaired control which we know is an essential, perhaps the essential characteristic of addiction, is this inability to control, this impaired control over use, despite harmful consequences. And so this issue of cause and controllability and the science that's really informed that, have really helped, I think, to destigmatize. And we need to get that message out.

When we come back, I want to get into the notion of how do we sustain a conversation of holding folks to be responsible in a way that doesn't stigmatize or doesn't discriminate. We'll be right back.

Female speaker: When I was young, I knew something was wrong. My mother would forget to pick me up from school.

Female narrator: Drugs and alcohol may make you forget your problems.

Female speaker: My mother got help, and because of recovery, she is here for me. Hi, Mom. You ready? Let's go.

Female narrator: For drug and alcohol treatment for you or someone you love, call 1–800–662–HELP. Brought to you by the U.S. Department of Health and Human Services.

So, Daphne, how do we change the paradigm? How do we begin to use positive language, person-centered, people-first type of language?

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Daphne

We begin by being conscious of the words that we're using, and there are a number of words and papers and reports and so forth out there that promote words like health and recovery and person-centered and mutual support and so forth.

Carlos

I believe SAMHSA has done a great job in, in laying the framework for the type of discussion that I think needs to happen. And I think it's around recovery in a system of care model that's person-centered, and it's based more on the holistic approach. That it's, it's person-driven if you will. And I, I think we just to build upon that.

I think one of the things that we learned early on with the recovery-oriented system of care notion, was that, particularly Thomas Kirk's model in Connecticut, is that the person is considered to be in recovery the second they have that aha moment. That they realize that they need treatment for their illness, and, and from then on they still consider themselves in, in recovery. Would that work, I mean, in other sectors?

Lureen

I think that, I think that that's very, very important, and one of the things I want to say is that, in terms of the development of the recovery or system of care, the focus on language has not been something that I've seen. And I think that everything we do, if we're, if we're doing a conference, whatever we do, there needs to be a component in there on language. We really need to push this

because it's, it's something that we can do that doesn't cost a lot of money, but it's key; it's key in how we define and how we build our systems.

Well, I believe very strongly that the work that CSAT has done and Cathy Nugent within one of our branches, with the Addiction Technology Transfer Centers, is beginning to do that quite a bit. I think that it is a very conscious effort at, you know, we're struggling internally and, and working at it. And so, you know, the process is, it's almost like eating an elephant, you know, how do you begin to eat an elephant, it's going to be one bite at a time. So we are beginning to make inroads into that area, particularly with the materials from, that are being developed within the ATTC. Certainly the planning partners for Recovery Month, right, Daphne?

Yes, indeed, that's been such a valuable group to move the conversation forward throughout the year, not just in September during Recovery Month, but throughout the year, to keep this issue elevated.

Carlos.

So the question is, is what type of system is somebody coming into? I think it's a system that needs to be all encompassing, that can provide services wherever, whichever doorway the person chooses. And I'm just really grateful to the initiatives that SAMHSA and the Federal Government have supported around the Access to Recovery Program, the Recovery Community Support Programs, that foster this peer-to-peer interaction where they're nontraditional approaches, but that, creating that peer-to-peer interaction, I think is just so critical.

Now it's not a slight on the academics or the clinical or the treatment professional, but there's that empathy factor between one person that has experienced this helping another person. And I think we need to promote more of that. So I'm a big believer that money isn't the answer to everything, but I believe that SAMHSA hit on something when they were funding those type of programs.

And in doing so, those individuals that are helping each other, maybe they can help each other on the language front as well as how do they view themselves ...

Carlos

Absolutely.

... and how do—I want to go back to John; John, talk to me about some of the articles where people can access more information, if I wanted to learn more about this. You mentioned that you had authored some articles that may be helpful.

John

You know the question is, is which terms? If we're not going to use certain terms, what terms should we recommend and then advocate for? I know Daphne has written a lot about this and, and also Bill White. I published a paper in 2004 in the Alcoholism Treatment Quarterly, which actually talks a lot about the issue of terminology and how it may affect, how it's imprecise. For example, we use the term abuse, generically, but also it's a diagnostic label, it's actually a DSM diagnostic label, which creates a lot of confusion when you see it written.

Are they referring to the more generic issue, you know, regarding the whole range of problems versus a particular diagnosis that has specific meaning? So it's imprecisely used, and this is a problem, of course, in communication. So one of the things that I think we need to, we need to have a term that describes these problems generically ...

And the Institute of Medicine has tried to deal with that, have they not?

John

Yes, and the World Health Organization too, so in the 1970s they were advocating against using the term abuse, even though the American Psychiatric Association adopted that term, which is unfortunate because then that gives rise to the term abuser.

So what do we replace that with?

John

So these are three terms: substance-related problem or substance-related condition; again, person first, it's an individual with a substance-related problem or a substance-related condition. Substance misuse as opposed to abuse, then that doesn't give rise to that negative connotation regarding abuser.

And then substance use disorder, as I mentioned before, eating disorders, no problem. Everybody refers to them as eating disorders, not as food abusers, and I think we should do the same with substance use disorders.

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Very good. Well, I've certainly enjoyed dealing with this subject matter today, and I want to remind folks that National Alcohol and Drug Addiction Recovery Month does work to reduce the discrimination associated with individuals in recovery and those that need to go into treatment. It's celebrated every September. We certainly hope that you have learned that during this month, we not only have to use the right language, but we have to embrace the whole concept of support for those in recovery and those who need treatment and their families within their community.

So I want to thank you for being here, it's been a terrific show. Thank you.

Male speaker: The Road to Recovery is a series of webcasts and radio shows that helps individuals, organizations, and communities as they plan and host events in celebration of Recovery Month each September. This series aims to raise awareness about the benefits of addiction treatment and recovery, and highlight the positive and affirming message that addiction is treatable and recovery is possible.

To view the webcasts from this season and others in the Road to Recovery series, visit http://recoverymonth.gov and click Multimedia.