

Media toolkit

BEST PRACTICES FOR COVERING SUBSTANCE USE DISORDER

UNDERSTANDING STIGMA

Two main factors affect the burden of stigma placed on a particular disease or disorder:

- 1. Perceived **control** that a person has over the condition
- 2. Perceived fault in acquiring the condition

When we believe a person has acquired their illness through no fault of their own, and/or that they have little control over it, we typically attach no stigma to either the person or the illness.

WORDS MATTER

Person-first language: Person-first language is proven to reduce stigma and improve treatment.

APPROPRIATE

Person with a substance use disorder

Individual experiencing a substance use disorder

Individual with alcohol use disorder

Person with opioid use disorder

Person in recovery, person in long term recovery

STIGMATIZING

Addict

Drug Abuser

Alcoholic

Junkie

former/reformed addict/alcoholic



Other language to keep in mind:

APPROPRIATE

STIGMATIZING

Drug problem, drug habit

Not actively using, testing negative for substance use

Actively using, testing positive for substance use

Resumed use

Use/misuse

Treatment/Medication-Assisted-Treatment

Addicted

Clean

Dirty

Relapse

Abuse

Replacement therapy

Dependence vs. addiction:

Dependence is a physical reliance on a substance to not experience withdrawal symptoms.

Addiction is the compulsive use of a substance despite negative social and physical consequences.

Neonatal abstinence syndrome (NAS) occurs in newborns exposed to opiate drugs while in the mother's womb. **Babies are born dependent**— not "addicted" — because they experience withdrawal when the substance is stopped.

PICTURES & VISUALS



People struggling Happy people (recovery is possible)







Needles

Injecting substances

Substances being crushed/liquified

Pills

People hitting "rock bottom"





