



INNOVATIVE PRACTICES TO REDUCE STIGMA IN MAT SERVICE DELIVERY

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Stigmatizing Persons Suffering from the Disease of Addiction

- The stigmatization of persons suffering from substance use disorder is initiated and reinforced by pejorative, demoralizing language and descriptors
- It is common persons suffering from addiction suffer stigmatization
- Stigmatizing language reinforces the addicted persons negative “introject” – that is, the message they send themselves based on the message received
- Most SUD treatment programs are based on the mono-dimensional, abstinence-based, spiritually-based, 12-step program of Alcoholics Anonymous, which is based on Calvinistic Theology
- Stigmatizing language is weaponized language, it hits and destroys. Stigma serves to define the person as permanently damaged, creating a vertical top-down power structure, in which the addicted person is permanently damaged interpersonally, psychologically and spiritually and must seek supernatural help.

A Critical Examination of Language in Substance Addiction Recovery Settings

Within addiction recovery programs, the use of negative, demeaning language among staff and clients is common. The following are examples of slang used in SUD treatment:

- “Wet Brain” - Alcohol Related Dementia or Wernicke-Korsakoff syndrome
- “Meth Mouth” – Tooth decay related to neglect of dental practices and chronic dry mouth
- “Crack Whore/Crack Baby” – Not so subtle racism
- “Dry-Drunk” – Anyone with an alcohol related SUD that stopped drinking and doesn’t attend “AA”
- “Chronic ‘Relapser’” – Undisciplined, not working a “good” program
- “Alcoholic, Addict” – Defines the entire person by their disorder
- “Clean” and “Dirty” Urine Tests – Urine emanates from within our body, it’s a clear message that your insides are either clean or dirty
- “Alky – Boozer – Juicer – Lush – Prehab – Wino – Dope Sick – Nodding”

Demeaning slang words, along with negative punitive attitudes towards patient, often reflect poor treatment outcomes

The Origins of Addiction Recovery Language

AA was founded in 1935 by Bill W. and Dr. Bob.

- Much of AA philosophy was based on Calvinism, a theology that dominated the region Bill W. lived.
- Calvinism holds that humans are:
- Humans are born sinful and need external redemption to achieve sanctification and salvation
- AA holds that:
- Humans are incapable of self-recovery, and sobriety requires a life-long submission and dependence on a higher power (deity)

Calvinistic based 12-Step Recovery:

- Diminishes personal competency
- Rejects innate goodness in humans
- Assumes humans will make poor choices, given options
- Undermines unique individuality and assumes a “one size” recovery program works for everyone
- Discriminates against persons that cannot or will not subject themselves to an invisible deity
- Emphasizes self is untrustworthy

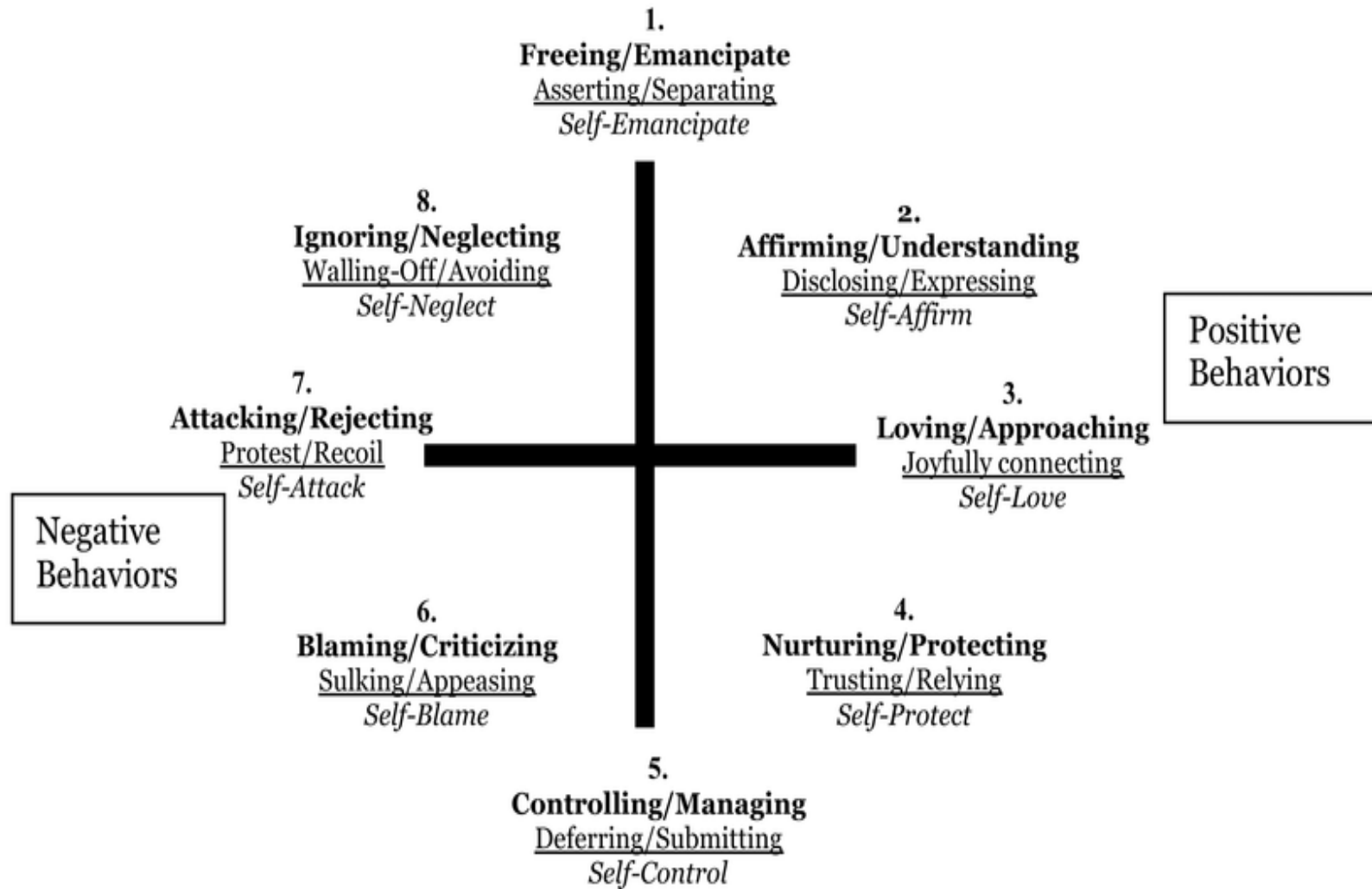
The Homogeny that Shaped Recovery Language

Bill Wilson at the 1950 conference of Alcoholics Anonymous in Cleveland, Ohio. Addiction Recovery Language continues to this day to be strongly influenced by:

- Successful, White, Religious, Ambitious, Type “A” personalities
- From 1935 to present, the AA 12-step, abstinence-based addiction treatment philosophy has been the primary platform for SUD treatment (in one form or another)



The Structural Analysis of Social Behavior (SASB) simplified cluster model



BOLD = Message to Client

UNDERLINED = Reflexive response to Message

ITALICISED = Introject – Reflexive Message to Self

- The Structural Analysis of Social Behavior (SASB) simplified cluster model. Bold, underlined, and italicized labels represent transitive, intransitive, and introject behaviors, respectively. From *Interpersonal diagnosis and treatment of personality disorders* (2nd ed., p. 55) by L.S. Benjamin, 1996, New York: The Guilford Press. Copyright 1996 by The Guilford Press. Used with permission.

Person First Affirming Language

Affirming Language

1. I appreciate that you are willing to meet with me today.
2. You are clearly a very resourceful person.
3. You handled yourself really well in that situation.
4. That's a good suggestion.
5. If I were in your shoes, I don't know if I could have managed nearly so well.
6. I've enjoyed talking with you today.

Affirming Introjects

1. I am valued and my time is important
2. I am competent to solve my own problems
3. I am a problem solver in relationships/social situations
4. My opinion is valued. I have something to contribute
5. My road has been difficult, but if my counselor can make it - so can I – Hope –
6. I am a fun, interesting person with much to add to life and the discussion

Transitioning to Affirmative Language

- Recognizing the Calvinistic Christian religious roots of recovery language
- Support substituting affirming, science-based language in lieu of moralizing, religious based language in SUD treatment
- Understand that 12-step AA based recovery was developed by and for White males
- Present empirically validated treatment options to all patients entering treatment, providing the actual efficacy of each option
- Present MAT/NTP services as viable options for all persons entering treatment when indicated (presently Alcohol and Opiate related substance use disorders)
- Present Harm Reduction as a viable and acceptable treatment option – a reduction in use is cause for celebration
- Consider psychotropic medication as a factor in recovery assistance – persons with SUD have higher rates of anxiety and depression

Other Considerations

- Programs have an ethical responsibility to present the best options available to the client based on empirical evidence
- Agnostic and Atheistic persons seeking SUD treatment should be provided treatment alternatives, that do not require belief in a higher power
- MAT/NTP treatment should never be treated as a “relapse” or a return to active use. Staff stating this or implying this need immediate retraining
- Accurate belief in one’s competence, self-sufficiency, and reliance on self/community are not signs of an inflated ego, but of recovery progress
- 95% of persons entering AA for the first time return to use within one year. The best research indicates an overall success rate of 5 and 8%
- Clients generally present to treatment exhausted, malnourished, depressed, anxious and hostile. Language that demeans, blames, attacks, diminishes, or morally judges is not acceptable and must be rooted out of treatment
- “In Recovery” = I will never be “normal”
- “Recovered” = I am “normal”
- Clients don’t have to “hit bottom” to recover

Final Thoughts

- The notion or belief that 12-step, spiritually oriented, abstinence-based programs are an effective treatment for a deadly disease is false
- AA/NA is one treatment modality among many
- A person suffering from a deadly disease would not accept a 5-8% treatment success rate when better options are available
- All persons suffering from a deadly disease, rightly so, would demand information on all treatment options available
- Too often patients come to treatment in such poor interpersonal, legal, physical, emotional and familial crisis they cannot make rational decisions
- We must be compassionate in our words to those suffering

References

Benjamin, L.S. (1996). The Structural Analysis of Social Behavior (SASB) simplified cluster model. Bold, underlined, and italicized labels represent transitive, intransitive, and introject behaviors, respectively. From Interpersonal diagnosis and treatment of personality disorders (2nd ed., p. 55). New York: The Guilford Used with permission.

Broyles, Lauren N, Binswanger, Ingrid A., Jenkins, Jennifer A., Finnel ,Deborah, Faseru, Babalola Cavaiola, Alan, Pugatch, Marianne and Gordon, Adam, J. (2014). Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response. Pages 217-221. Substance Abuse: 2014; 35 (3).

Glaser, Gabrielle (2015). The irrationality of Alcoholics Anonymous. Retrieved from <https://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/>

McLemore, Clinton W. and Brokaw, David W. (1987). Personality Disorders as Dysfunctional Interpersonal Behavior. Journal of Personality Disorders, 1(3), 270-385, 189. The Guilford Press.

McPeake, John D. (2015). William James, Bill Wilson, and the development of Alcoholics Anonymous (A.A.). The Dublin Group, Inc. <http://www.dubgrp.com/content/william-james-bill-wilson-and-development-alcoholics-anonymous-aa> Recovery

Recovery Research Institute. (2020). Addictionary. <https://www.recoveryanswers.org/addiction-ary/>. Massachusetts General Hospital, 151 Meririmac St. 6th floor, Boston, MA. 02114