

**PEER**  
**RECOVERY ALLIANCE**



*Promote Recovery:  
Let's Change the Language*

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# Presentation Objectives

- Explore the Impact of Stigma on Human Rights
- Increase Awareness of Stigma and Stigmatizing Language as a Barrier for SUD Recovery
- Encourage Intentionality for use of Recovery Promoting Language as one Stigma Reduction Technique

- Slides derived from Faces and Voices recovery messaging training: Our Stories have Power
- Additional slides added in concert with the core purpose of this presentation

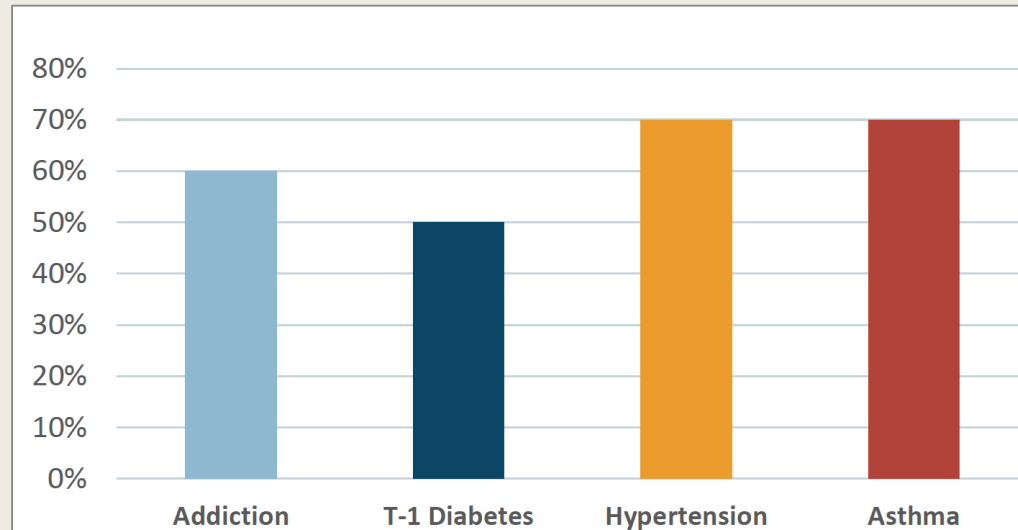
# The “Old View” of Addiction & Treatment

- Addiction was stigmatized as a character flaw or moral failing
- Addiction was viewed as an acute condition after which
- Recovery model: use 12 step process, “work the steps.”
- Abstinence was only approach.
- Used 30-90 day inpatient stays
- Relapse was viewed as weakness, a lack of resolve.
- Punishment (*with and without incarceration*) often imposed.

# New Understanding of Addiction: A Chronic Neurobiological Disease

- Brain's dopamine reward centers (influencing motivation, pleasure, etc.) are hijacked.
- *Essentially a brain disorder*

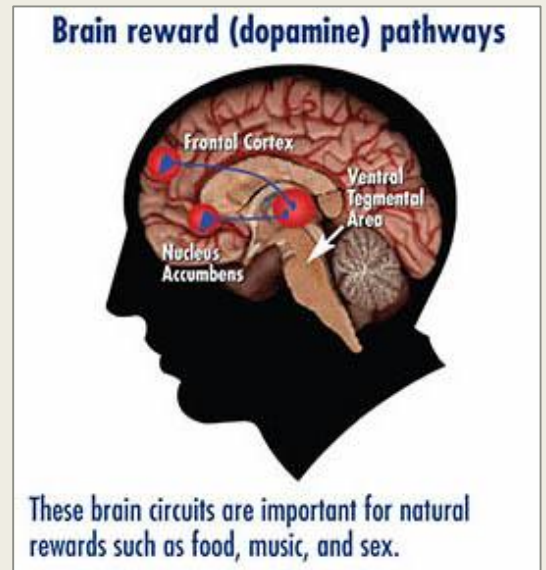
Relapse Rates for Chronic Disease



# New Understanding of Addiction: Focus on Dopamine

Dopamine is a natural neurotransmitter that provides energy and motivation. It gives us a reward to life-sustaining activities like eating, drinking, having sex, and loving. It motivates us.

- Normal dopamine level = 40-50 nanograms per decileter (ng/dL)
- Great food – 95 ng/dL; Sex 89-91 ng/dL
- Best day of your life: 100 ng/dL
- **Heroin – 950 ng/dL**
- *Opioids cause massive overstimulation and disruption and damage to normal brain function.*



# Lived Experience Example

# **Big Book of Alcoholics Anonymous - 1939**

■ **Cunning**

■ **Baffling**

■ **Powerful**

**...and emotionally painful (RRB -2020)**



.....So, the Question Is?

**Either it is an illness, or it is not**

**... and if it is illness then we should we  
talk about and describe it in those  
terms!! And treat people accordingly**

**PREACHING TO THE CHOIR.. I HOPE**

# What We Call A Problem

- What we call a problem is often part of the problem
- There is much power in the language we use to describe a person. The words we use, even with good intention, have the ability to cause the opposite effect (e.g., **forced admission**)

# From 2016 Surgeon General's Report:

- Substance use disorders have a neurobiological basis. They should be treated as a medical issue like any other.
- We must change social attitudes, shifting how we think, talk, and act towards people with substance use problems.
- We have a moral obligation and economic imperative to provide access to high quality care for those suffering from substance use disorders.

# **Why develop a messaging training?**

- **Organizing and mobilizing the millions of Americans in long-term recovery from alcohol and other drug addiction, our families, friends, and allies, to speak with one voice.**
- **Changing public perceptions of recovery**
- **Promoting effective public policy in Washington, D.C. and in all 50 states**
- **Keeping a focus on the fact that recovery works and is making life better for over 20 million Americans.**

# Grounded in Research

- Faces & Voices' recovery messaging is based on research.
- It included surveying done of people in recovery and the general public.
- Focus Groups were conducted with 8 different groups in 4 different cities.
- Research was conducted by Peter D. Hart & Associates- Which did research for NBC and Democratic Party & Robert M. Teeter's Coldwater Corporation who did work for the Bush candidacy and other Republican candidates.

- [http://www.facesandvoicesofrecovery.org/resources/public\\_opinion.php](http://www.facesandvoicesofrecovery.org/resources/public_opinion.php)

# Results of the Research

- Recovery Community
  - 88% believe it is very important for the American public to see that thousands get well every year
- General Public
  - A majority of Americans (63%) have been affected by addiction
  - A majority (67%) believe that there is a stigma toward people in recovery
  - A majority (74%) say that *attitudes & policies* must *change*

# Why the Language Matters

**What words can you think of  
that are used to describe  
someone with an addiction?**

# Why the Language Matters

## Addicts/Alcoholics

- Lush
- Junkie
- Whore
- Useless
- Wino
- Bum
- Waste of space
- THOT
- Selfish
- Liar
- Thief
- Piece of shit
- Manipulator
- Con
- Criminal
- Etc. etc.



# People in Communion



# People Having Fun



# Stigma

**Webster defines stigma as  
“a mark of shame or discredit”**

# Stigma

- Modern culture has used labels to denote devalued social categories
- The labels influence public perceptions and behaviors and serve to:
  - *devalue and diminish*
  - *denigrate*
  - *discriminate*

Wahl (1999)

**Slaves – 3/5 human, chattel**

**Indigenous Americans – Heathens,  
Red Ni\*\*\*\*\***

***Infesting* Immigrants – family  
separation and caging children**

**Just an Addict / Alcoholic**

# Just an Addict /Alcoholic

- Lush
- Junkie
- Whore
- Useless
- Wino
- Bum
- Waste of space
- THOT
- Selfish
- Liar
- Thief
- Piece of shit
- Manipulator
- Con
- Criminal
- Etc. etc. (negative and demeaning)

# Stigma

- **Stigma robs people of rightful life opportunities**
- **Stigma interacts with illness and exposes people to distorted experiences with criminal/mental health/medical treatment**
- **Stigma leads health care systems to withhold appropriate services**

Corrigan and Kleinlein

# The Power of Labels

William White reminds us that language can:

- Empower OR dis-empower
- Humanize OR objectify
- Engender compassion OR fear and hatred
- Motivate OR deflate
- Comfort OR wound
- Unite OR create enmity



# Some words/concepts we need to abandon

(see recovery language handout for additional examples)

- *Abuse*
- *Self-Help*
- *Untreated Alcoholics/Untreated Addicts*
- *Chronic Relapser*
- *Enable*
- *Relapse*
- *In denial*

# Some Alternative Phrases

(see recovery language handout for additional examples)

- Substance use disorder
- Mutual aid groups
- Interrupted success
- Has become actively ill again
- Treatment works in my experience
- A person receiving services (*engaged in service*)
- Loving support with unintended consequences
- Person in recovery
- In pre-contemplation

# Words/concepts we need to elevate

- Recovery, Recovery Community/  
Communities of Recovery
- Advocacy, Sustainability
- Recovery Support Services/Recovery  
Coach
- Recovery-Oriented Systems of Care
- Living Proof
- Responsibility, Gratitude, Service
- Recovery Pathway/Style

# Labels: Blocks to Recovery

**“Reducing a person to nothing more than their difficulties is one of the most damaging and dehumanizing forms of language. It denies the existence of any facet of the person, any relevant roles or characteristics, other than their diagnosis”**

**Perkins & Repper (2001)**

**Chronic Relapser / GOMER**

# The Goal

**Create supportive communities and services that provide humanizing, respectful, compassionate, dignity promoting and empathetic interactions**

**Intentional Stigma Reduction  
Effort Pays Off!!**

# Crystal M. Lange College of Health & Human Services



“The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness and a deep loving concern.” -Elisabeth Kubler-Ross



“One of the greatest simulations and experiences I believe I have ever had as a nurse and as a student in the Nurse Practitioner program. When we finished the scenario with my patient, she took the time to reflect on my care that I provided her. I will use this experience to take more time with my patients, to ask open ended questions, to try and find resolutions and goals, **to not label someone**. I was lucky to have gone through this simulation to gain more resources for support of others, to understand someone else’s history and path in hopes to help others.”



“The SBIRT training changed my views and how I will practice and treat those who have addictions. One of the actors mentioned over and over, the biggest thing that we as medical professionals can do for people who have addictions is **treat them with humanity and I hope I never forget that.**”



“Seeing the real-life people who suffered from addiction and hearing their stories had an impact on me emotionally. I feel the training has made me want to be a better person and an even better healthcare provider. I have realized never to judge a patient by their looks or assume they are drug seeking. I can be and want to be that person who can help an individual overcome addiction.”



# Changing is Intentional

- 60 years of being impacted, affected, active in, and recovering from (Mr. Paul)
- Grew up in the streets of Detroit
- Experienced treatment and recovery steeped in old school concepts
- Stereotyping and stigmatizing language
- Not an automatic shift

# Changing is Intentional

- Challenge ourselves
- Teach, challenge and support our staff
- Teach, challenge and support our professional peers
- Teach, challenge and support our recovering peers
- Teach, challenge and support within our personal spheres of influence (family, friends & community)

# Changing is Intentional

- Belief that we are in common cause to reduce suffering and save lives
- Changing the language is not just a trend
- Changing the language works for reducing stigma and helps us achieve that common goal

**Thank you for your time and  
attention!!!!**

# How to Find Us

[www.peer360recovery.org](http://www.peer360recovery.org)



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