



Getting to Tomorrow

Ending the Overdose Crisis



The Impact of Stigma and Avoiding Stigmatizing Language

Stigma is a mark or characteristic connected to negative attitudes or beliefs about people because of who they are, what they do, or their circumstances in life. Negative attitudes or beliefs could be about race, social class, and even behaviour. Many people who currently use drugs or have used drugs in the past may experience stigma on a frequent or daily basis. Because many of the activities around substance use—like possessing or dealing drugs—are criminalized, people who use substances are often stigmatized as both people who use substances and criminals.

Stigma is harmful because it creates real barriers to people accessing health care, legal support and important social services, creating a perpetual harmful cycle where those who would most benefit from help cannot access it and are further marginalized in society.¹ People are less likely to seek help for substance use disorder because of the shame associated with stigma. They are more likely to use substances alone, greatly increasing their risk of death because there will be no one to intervene should they overdose.

Word Choice Matters

Perpetuating inaccurate, stigmatizing stereotypes through language can have harmful consequences for those affected by substance use disorder; however, there are many ways to avoid this by making language more reflective of people's lived realities.

Avoid	Why	Use Instead
"junkie," "addict," or "drug user"	These are stigmatizing words that evoke inaccurate images of people who use drugs as unstable, violent, and unworthy of help.	People-first language such as "people/person who use(s) drugs"
"drug abuse/misuse" or "problematic substance use"	This framing carries overly negative connotations that contribute to stigma.	"substance use," or "drug use"
"hooked on opioids," "hooked on [x]..." or "drug habit"	These phrases over-emphasize a lack of agency and control and portray the subject as a person to be feared and avoided rather than supported.	"affected by substance use disorder," "engaged in substance use," or "used drugs" (e.g., " <i>John used drugs when he was a young adult.</i> ")



Canadian Drug Policy Coalition
Coalition canadienne des politiques sur les drogues

www.gettingtomorrow.ca

mail@drugpolicy.ca



Getting to Tomorrow

Ending the Overdose Crisis



<p>“dirty,” or “clean” (e.g. <i>“a park littered with dirty needles”</i>)</p>	<p>This language characterizes substance use—and therefore people who use drugs—as “clean” or “dirty,” which contributes to shame and stigma. Though descriptive, illustrative language is a valuable storytelling tool, in contexts such as this, language can contribute to harms experienced by real people and adversely affect their health and safety. In such circumstances, the value of human health should be prioritized.</p>	<p>“a park where several needles were found”</p>
<p>“drug dealer,” or “dealer”</p>	<p>This outdated phrase over-criminalizes people and fails to recognize the reality that a person who uses drugs sometimes also sells them as a means of survival or to manage their own substance use.</p>	<p>“John sold drugs,” “John, who sold drugs,” or “a drug seller”</p>

Avoiding Stigmatizing Narratives

Perpetuating stigmatizing stereotypes by advancing inaccurate narratives can also have harmful consequences for people affected by substance use disorder. These narratives often don't reflect the lived realities of the people involved. Here are a few to avoid:

- **Harm reduction enables drug use.** Harm reduction services do not exist in silos. At supervised consumption sites, people can access a whole range of supportive services, such as housing and counselling, that drastically increase their likelihood of improving their health and stability in life. Harm reduction does not enable people who use drugs; it provides a pathway to health and recovery while keeping people alive.



www.gettingtomorrow.ca 

mail@drugpolicy.ca 



Getting to Tomorrow

Ending the Overdose Crisis



- **Abstinence is the most effective (only) way to address substance use disorder.** This has not been borne out in research. For some people, it is impossible to adhere to abstinence as a condition of treatment; therefore, these health interventions fail these individuals. Effective treatment involves accessibility and lower barriers to ensure those who want and are ready for treatment can access it.
- **Fentanyl can lead to overdose through skin contact.** This is false. Fentanyl is not absorbed through the skin well enough to pose a significant health risk from casual contact.²
- **Fentanyl over-prescription is fuelling overdose.** The majority of overdoses in Canada are not caused by pharmaceutical-grade fentanyl produced by drug companies, which is often prescribed to patients in the form of take-home patches or administered in hospitals. Most overdose deaths are caused by illegally produced fentanyl created in clandestine labs and sold on the street, often as heroin. Focussing on the former diverts attention away from the latter and thus the true cause of the overdose crisis (prohibition and flawed drug policy) and affects access to pain medication for a population that requires it.³
- **The dichotomy between a person who uses drugs and a person who sells them (“drug dealer”).** This “criminal versus victim” separation is based on an inaccurate understanding of substance use and has been popularized by its simplicity and the convenient way it vilifies members of society deemed “criminal.” In reality, people who use drugs often sell them to support their own substance use. These individuals—often highly marginalized and precariously housed—face a range of systemic barriers and stigma preventing them from fully integrating into society.
- **Hitting rock bottom is necessary for someone to recover.** Human connection and support is essential for people to successfully recover. Allowing a person to “hit rock bottom” is the opposite of these conditions and will often end in fatal overdose. As noted by the First Nations Health Authority, “hitting rock bottom can be more destructive than helpful.”⁴
- **Addiction is a choice and moral failing.** Many reasons cause people to turn to drugs, but underpinning much of the substance use disorder we see in society is trauma.⁵ Substance use is often a response to traumatic life events wherein individuals seek relief from significant pain—physical/psychological—while navigating life to the best of their ability. People should not be vilified for the ways they choose to cope with this trauma. It is natural to seek respite through some external object or activity, and many individuals face barriers to accessing less harmful means of support, for example, healthy and supportive social networks and counselling services.



Considerations for More Accurate Storytelling

Avoid sensational imagery. Sensationalized images—including extreme close-ups of jagged needles, broken glass, and large mounds of white powder—unnecessarily ratchet up fear. This fuels stigma towards people who use drugs, increasing social isolation and thereby also adversely affecting their health and safety. These images are also inaccurate and fail to reflect the realities of substance use for most people. This article by the *New York Times*, www.nytimes.com/2018/08/31/opinion/addiction-recovery-survivors.html, is a good example of how non-stigmatizing images can both respect the requirements of journalism and the dignity of the subjects involved. It features people with dignity and respect while not sanitizing the realities of substance use.

Use credible subject-matter experts and sources. Hearing from both sides of the story on a matter of public health is important when both sides represent honest, credible viewpoints informed by evidence. Members of the scientific and drug policy communities who rely on rigorous studies and evidence are best positioned to comment on matters of substance use. The scientific consensus strongly supports harm reduction and a move away from a criminal justice approach in a similar way to how the vast majority of science supports the reality of human-caused climate change. Based on expertise and experience, numerous senior public health officials have also openly supported legal regulation and a safe supply of drugs for people experiencing substance use disorder.⁶ Giving police, business associations, and other individuals lacking expertise in public health wide latitude to comment on this issue in a way that puts their comments on an equal footing to credible sources distorts the debate away from scientific consensus and can help amplify misinformation. These groups are able to comment on their own personal, isolated experiences (and those of their members and community), but it is also important to put these comments into a wider public health context where the evidence has borne out more societal benefits than harm.

Some of the information in this guide was adapted from “Changing the Narrative.” For more information, visit www.changingthenarrative.news.

[1] <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/stigma.html>

[2] https://www.acmt.net/cgi/page.cgi/_zine.html/Press_Releases/ACMT_Position_Statement_on_Fentanyl_Exposure

[3] <https://www.changingthenarrative.news/illicit-vs-pharmaceutical-fentanyl>

[4] <https://www.fnha.ca/Documents/FNHA-Myths-About-Addiction-Factsheet.pdf>

[5] <https://drgabormate.com/opioids-universal-experience-addiction/>

[6] <https://www.vancouverisawesome.com/courier-archive/news/city-of-vancouver-renews-call-for-safe-drug-supply-to-respond-to-overdose-crisis-3106253>