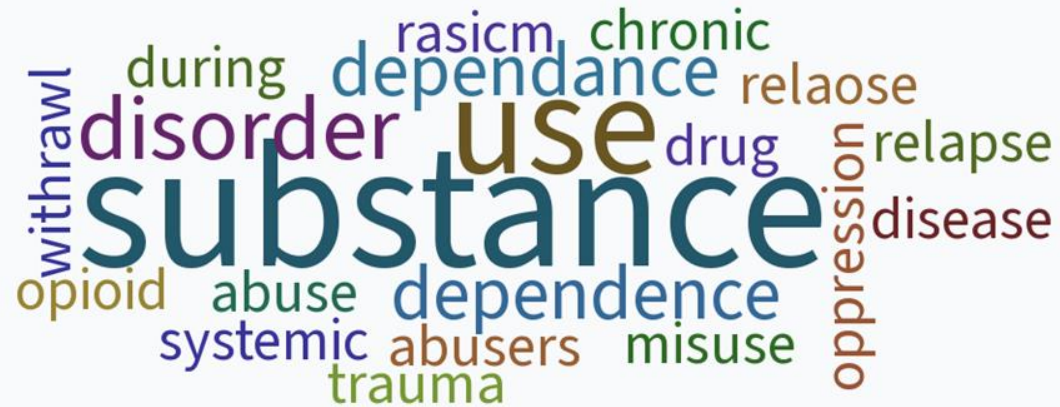




Using Evidence Based, Life Affirming Language for People Who Use Substances, & People Living with a Substance Use Disorder

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VP for Education, GLMA Health Professionals Advancing LGBTQ+ Equality

What words do you use to describe "Addiction" and drug use?



Doing the work - Healing Centered Substance Care



Personal	Team	Organization
<ul style="list-style-type: none">● Challenging our biases and expectations● Receiving care for vicarious trauma● Making allies with other TIC/Harm reduction providers	<ul style="list-style-type: none">● Change in language● Recognizing burnout and supporting each other● Make space for processing painful clinical experiences● Recognize difference of experiences of team members due to ID and hxs● Acknowledge and discuss systemic issues impact on clients	<ul style="list-style-type: none">● Advocate for peer inclusion● Ensure language on forms, etc is gender and sexuality inclusive● Access to pharmacotherapy for addiction is fast and easy

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Stigma & Language Harm Patients

- *Doctoral-level mental health and SUD clinicians were significantly more likely to assign blame and to concur with the need for punitive actions when an individual was described as a “substance abuser” rather than as a “person with a substance use disorder.”*
- *Mental health care practitioners attending professional conferences were less likely to believe individuals deserved treatment when they were described as a “substance abuser” rather than as a “person with a substance use disorder.”*
- *Among health care professionals, negative attitudes regarding people with SUDs have led to diminished feelings of empowerment among patients, lower levels of empathy and engagement among health care professionals, and poorer outcomes.*

#1 Word to Remove



Language Matters



Stigmatizing and Inaccurate	Affirming and Evidence-Based
MAT	<input type="text"/>
Substance Abuse or Misuse	<input type="text"/>
Relapse	<input type="text"/>
dirty or clean urine	<input type="text"/>
Patient is Clean/Dirty	<input type="text"/>
addict	<input type="text"/>
alcoholic	<input type="text"/>
polysubstance abuse	-
IV Drug Abuse or IVDA	<input type="text"/>
addiction	?

Language Matters



Stigmatizing and Inaccurate	Affirming and Evidence-Based
MAT	Medications for Opioid Use Disorder (MOUD)
Substance Abuse or Misuse	Substance Use or Substance Use Disorder
Relapse	Return To Use (RTU)
dirty or clean urine	positive or negative urine
Patient is Clean/Dirty	Patient is in recovery/in active use
addict	person living with a SUD
alcoholic	person living with an AUD
polysubstance abuse	-
IV Drug Abuse or IVDA	IV Drug Use or IVDU
addiction	?



Theories of Addiction: Is it a ...

Moral Failure?



“These junkies keep coming through here, what’s the point of trying when they keep choosing drugs?”

Disease?



“Drugs hardwire the brain making it nearly impossible for addicts to stop using.”

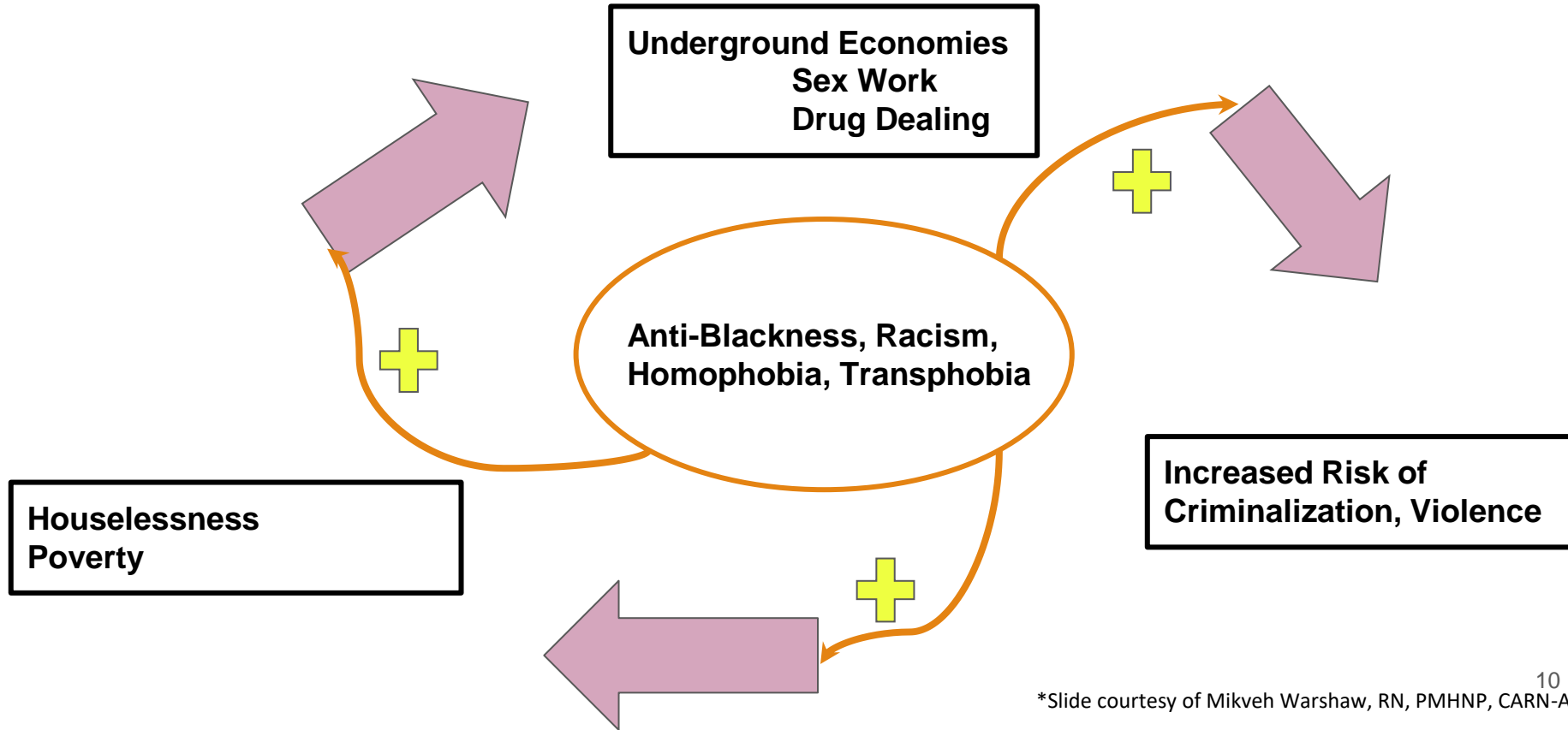
Symptom?



“While genetics and brain chemistry play a role, addiction is largely a symptom of poverty & social determinants of health.”



Systemic Cycle of Structural Violence





What are We treating? - Disordered Opioid Use

DSM5 Criteria

1. Opioids are often taken in larger amounts or over a longer period of time than intended.
2. Persistent desire or unsuccessful efforts to cut down or control opioid use.
3. Great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
4. Craving, or a strong desire to use opioids.
5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
10. Tolerance, as defined by either of the following: Need for markedly increased amounts of opioids to achieve intoxication or desired effect OR Markedly diminished effect with continued use of the same amount of an opioid
11. Withdrawal, as manifested by either of the following: the characteristic opioid withdrawal syndrome, the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms



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Loss of Control ***

Cravings ***

Social Dysfunction/Consequences ***

Physical Dependence/Withdrawal ***



Diagnosing SUD: Understanding the Spectrum

crisis, housing instability, isolation, poverty, discrimination, depression/anxiety, pain



0

2

4

6+



Substance Use

Mild SUD

Moderate SUD

Severe SUD



housing, fulfillment of basic needs, community, affirmation, healthcare access

Language Practice



31 year old Male with history of HIV, and meth and party drug abuse, recent relapse after 3 years clean, found to have dirty urine on recent ED admission for arm abscess consistent with IV drug abuse. Patient lacks motivation to address stimulant abuse and is non-compliant with ART.



Language Practice

31 year old Male with history of HIV, and meth and party drug **abuse**, recent **relapse** after 3 years **clean**, found to have **dirty** urine on recent ED admission for arm abscess consistent with IV drug **abuse**. Patient **lacks motivation** to address **stimulant abuse** and is **non-compliant** with ART.

31 yo Male (he/him) with history of HIV, primary meth use disorder/stimulant use, with recent return to use after 3 years of recovery/no use. Recently was seen in ED and found to have urine positive for stimulants and arm abscess c/w IVDU. Pt currently is in pre-contemplative stage regarding MUD, and is not on consistent ART

Language Practice



59 year old homeless female with history of heroin addiction on MAT, crack cocaine abuse, and prostitution

Language Practice



59 year old **homeless** female with history of **heroin addiction** on **MAT**, crack cocaine **abuse**, and **prostitution**

59 yo female (she/her) with history of Opioid Use Disorder on Suboxone, crack cocaine use, housing instability, and survival sex work

Language Practice



19 year old non-binary MTF with ADHD, benzo misuse, and alcoholism

Language Practice



19 year old non-binary **MTF** with ADHD, benzo **misuse**, and **alcoholism**

19 yo non-binary AMAB (they/them) with history of ADHD, alcohol use disorder, and benzodiazapine use ...

Thank You!



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