

Stigma Primer

for Journalists



A Guide to Better Reporting on Substance Use and the People It Impacts



Canadian Centre
on Substance Use
and Addiction



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A Guide to Better Reporting on Substance Use and the People It Impacts

When it comes to people with substance use disorders and people who use or have used substances, accurate reporting that does not use stigmatizing words or images will contribute to a healthier society.

Decades of scientific research have proven that substance use disorders are treatable, chronic health conditions. Research also shows that stigmatizing language causes real harm to people who use substances and those with substance use disorders.

Journalism that recognizes substance use disorders as treatable conditions will inspire conversations that will inform public perception, health policies and investment. Framing problematic substance use and substance use disorders as health issues and not moral failings will lead to greater compassion, public understanding and improved public policy.

Research shows that stigma is one of the biggest obstacles preventing people from seeking help for their problematic substance use. Wellness from substance use disorders is possible. But it is not easy. Stigma stands squarely in the way.

The evidence also proves that stigma is a barrier for the professionals who provide care to people with substance use disorders.

Language that focuses on the person and not the condition they have empowers them to improve their health. Words are powerful. Images also clearly influence attitudes.

Most people who use alcohol and other drugs are not living in poverty, as they are often depicted. The majority of them have stable housing. Most are employed. Health is the main concern for most people who use substances, including alcohol. They want to make informed decisions about their substance use and find ways to reduce their risk of harms. They often take their cues from the media.

The news media in Canada have standards in place for reporting on war, terrorism, suicide, mental health and people with disabilities. Now, news organizations are starting to update their guidelines to destigmatize their coverage of people who use substances and people with substance use disorders.

The Canadian Centre on Substance Use and Addiction (CCSA) and Community Addictions Peer Support Association (CAPSA) have the experience and the knowledge to help. We are providing this guide to support reporting about people who use substances accurately and without stigma. It includes a word list and recommendations for journalists, further discussions of stigma and the science around substance use disorder, additional resources and a bibliography.



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Gord Garner
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Chair of the annual Recovery Day Ottawa event

RECOMMENDATIONS

- When you are reporting on people who use substances or with substance use disorders, frame the story as a health issue.
- Avoid judgments that cause harm. Substance use disorder is not a moral failing or a decision. It is a complex medical diagnosis.
- Labelling a person with a stigmatizing term such as “druggie,” “addict” or “drunk” is dehumanizing. Those who use substances are people first. You can empower them with the words you choose.
- When you’re writing or editing a story, try replacing substance use disorder or addiction with another health condition. Would you write the story differently?
- There isn’t another health condition where people who get better are described as “clean,” which really is a dog whistle for “dirty.”
- Although attention needs to be paid to the opioid crisis, remember that alcohol, not opioids, is responsible for the most substance-related deaths in Canada.
- Challenge negative stereotypes and biases. If the story were about a racial minority, how would you handle overtly racist comments?
- Don’t use images and video that reinforce stereotypes such as ragged-looking young people using needles under bridges. Most people who use substances are housed and employed. Balanced images are important. Substance use affects people across social strata.
- Check your image and video archives. What shows up when you search “addiction”? What images would you use when talking about people with another health condition?
- “But they call themselves that” is a chicken-and-egg argument for using stigmatizing terms such as alcoholic. Addict or alcoholic are dehumanizing labels. Your language influences the words your audiences use.
- Don’t take the easy way out. Because of stigma, finding a professional person to talk about their substance use disorder is tough. It takes time and trust. Using a homeless or street-involved person as your subject is a lot easier. Is it accurate?
- Showing images of street-involved people or using a poor person as your subject is a misrepresentation of most people who use substances. Don’t use these images unless your story is specifically about homeless people with substance use struggles.
- Poverty is a separate social and health issue. The co-relation of substance use disorders and poverty can lead to the mistaken impression that addictions cause poverty. It also blames the suffering for their condition.
- Choose your story and your subject carefully. What is your story really about? Is it about substance use among the homeless? Or is it about people using more during the pandemic? Both are suffering. Don’t add to their pain.
- Too wordy or clunky? Stick to the facts. Instead of labelling your subject, tell their story.
Alex has been drinking since he was 15. He is 21 now and hopes for ...

You can help to break the cycle

SUBSTANCE USE WORD LIST FOR JOURNALISTS

The studies support what we knew all along. Words and language make a difference. What follows is a living list of suggested words and phrases to use when reporting on substance use and people who use substances.

Best practice is usually just to tell the story. Stick to the facts without labelling the person.

TERMS TO AVOID	INSTEAD USE
abuse, misuse, abusers, user	people who use or take drugs Joe is using heroin Mary has a substance use disorder Alex has three drinks before noon
recreational user	Penelope occasionally uses substances
addict, junkie, pothead, wino, etc.	person who uses substances Judy has a substance use disorder Les has a substance use disorder
cokehead junkie pothead lush, wino, drunk	person with a cocaine use disorder person with an opioid use disorder person with a cannabis use disorder person with an alcohol use disorder
Remember, most people who use alcohol and other drugs do not have a substance use disorder.	
alcoholism, alcoholic	alcohol use disorder Joe has an alcohol use disorder
clean drug test dirty or failed test	person in recovery person who does not or no longer uses drugs person with lived experience of substance use
former alcoholic, user, abuser	person with lived experience of alcohol use disorder person in recovery from a substance use disorder
Or just tell their story: Mary used to drink x, use heroin daily, etc.	
habit	substance use disorder problematic substance use
normal, such as normal use	use specific language
relapse lapse	recurrence of substance use disorder symptoms Her substance use disorder symptoms reoccurred, with negative outcomes

Adapted from Public Health Agency of Canada, 2020

JOURNALISM AND STEREOTYPES

As a print journalist, I always tried to choose my words with care. Sometimes it was the language of balance and fairness. Often it was the right word or phrase to convey an emotion or to take my reader to the scene. When I switched to television, I would work with the camera person to make sure I also had the right images and audio to accurately tell the story. Time was never on our side then and it is an even bigger enemy of journalism today. There are so many demanding digital masters to serve, so many deadlines to meet.

But words matter. Images are powerful. We can feed stigma and reinforce stereotypes. We can blame the ill or we can empower them to get well. This guide scratches the surface of stigma and substance use disorder. We hope it is a start for you and your newsroom to reframe reporting on substance use in Canada. Thanks for taking the time.

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Former Journalism Instructor, Carleton University

THE SCIENCE OF SUBSTANCE USE DISORDER

Substance use disorder (SUD) is the clinical term for addiction. It's a diagnosable health condition. The diagnosis occurs when a person:

- Compulsively seeks and uses substances;
- Is no longer able to make healthy choices; and
- Continues to use substances despite negative consequences.

SUD is not a moral failing or a choice. Like cancer, it does not discriminate. It affects people in all walks of life. Addiction is a health issue, like heart disease. But, like HIV and AIDS in the early 1980s, too often we blame the sick.

Substances are psychoactive drugs, ranging from alcohol to opioids. They include methamphetamines, fentanyl, stimulants, hallucinogens, anti-anxiety and anti-depressive drugs, inhalants and cannabis. Substances can be legal and prescribed or illegal.

SUDs are specific to a drug, such as alcohol use disorder or opioid use disorder. The disorder can be mild, moderate or severe. The vast majority of people who use substances do not have an SUD.

There are many reasons people develop an SUD. They include genetics, biology and regular and frequent use. Trauma, stress and physical, emotional, sexual and psychological abuse can be contributing factors, especially when experienced during childhood when the brain is still developing. Mental health issues such as depression and anxiety often play a role in someone developing an SUD.

No one chooses addiction. Addiction is a complex disorder that changes the brain's neural pathways over time. These circuits provide rushes of feel-good chemicals that reward substance use. The areas of the brain responsible for stress and fear also undergo long-term changes while someone is living with a substance use disorder. These changes can lead to a person compulsively seeking and using substances. For someone with an SUD, it isn't a choice.

Our understanding of how the brain recovers from an SUD is still emerging. The road to improved health is often difficult and complex. Getting better is possible.

There are different pathways for different people to improve their health. When a person is in recovery, they no longer compulsively seek a substance. They are able to make healthy choices for themselves. They can manage their substance use without harms. For some people that means total abstinence from all drugs including alcohol. For others it is safer use of substances. Avoid judging one pathway over another. What works for one person may not work for someone else.

STIGMA AND SUBSTANCE USE DISORDER

“Addiction may be the most stigmatized condition in the U.S. and around the world.”

— Dr. John Kelly,
Professor of Psychiatry and Addiction Medicines,
Harvard Medical School

Stigma is any attitude, belief or behaviour that discriminates against people.

The stigma experienced by people with substance use disorder is largely based on the inaccurate and harmful idea that these individuals have personal control over their illness. They are held responsible and blamed for their health condition.

In the case of substance use disorder, stigma often prevents people from getting healthy. The evidence clearly shows that stigma is one of the biggest barriers to people seeking treatment.

Someone might feel comfortable sharing that they have a cancer diagnosis with a partner, friend or family member, but they might feel too embarrassed to share that they have a substance use disorder. They might fear being shunned or rejected.

Often people with substance use disorders internalize negative beliefs. They feel ashamed and struggle with feelings of worthlessness and self-doubt. These feelings can persist long after a person is healthy and no longer using substances. Stigma can even lead to further substance use, by creating a vicious cycle that drives people away from the care and support they need.

Stigma is considered one of the biggest roadblocks to effective health promotion, treatment and social support. One study found that most primary care physicians believed that individuals with a substance use disorder are dangerous, and employers should be allowed to deny them employment. Emergency physicians may also have lower regard for people with substance use disorders, compared to people with other health conditions. In 2020, the Public Health Agency of Canada found that stigma within the health system leads to disadvantages and inequitable social and health outcomes.

LIVED EXPERIENCE AND LABELLING

The harms are real. Stigmatizing and labelling language takes the person out of the picture. I want you to know that once I was labelled an addict, it somehow seemed to also become my internal self-identity. My difficulties were complex already, and hope was not easy to find. Being seen as, and labelled as, an addict was like cement on my shoes making permanent my place and outcome. Obviously, that was not the intention of the media, my family and friends who learned from the media or myself who adopted the label. It is what happened to me and the thousands of people who have told me their stories.

We are people, we have names. Those people have the right to be seen as such and spoken about as people. It still happens today. Often I am described now as a former addict. I was never an addict. I have always been and will always be a person. Talk about me and others as people. It's what accurate reporting would sound like. If you are not sure how to phrase it, why not just use our names? I am Gord Garner, Don and Eleanor's son, and Alan's younger brother... all my life.

Gord Garner

Vice President, Strategic Partnerships, Community Addictions Peer Support Association
Chair of the annual Recovery Day Ottawa event

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RESOURCES FOR REPORTING ON SUBSTANCE USE



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GUIDES

CCSA and CAPSA, Overcoming Stigma Through Language: A Primer

<https://www.ccsa.ca/overcoming-stigma-through-language-primer>

CAPSA, Changing How We Talk About Substance Use

www.capsa.ca/training-primer

University of British Columbia and BC Centre for Disease Control, Media & Language:

De-stigmatizing Language Around Substance Use and Harm Reduction Reporting

<https://towardtheheart.com/assets/uploads/1607714458zCCa49r3Ms4Km0EOhmGPLPEMT6hf19v3dgVVyNK.pdf>

Health in Justice Action Lab, Northeastern University, Changing the Narrative

www.changingthenarrative.news

INFOGRAPHICS, POSTERS and FACTSHEETS

CCSA, When It Comes to Substance Use Disorders Words Matter

<https://www.ccsa.ca/when-it-comes-substance-use-disorders-words-matter-infographic>

BC Centre for Disease Control, Language Matters: 4 guidelines to using non-stigmatizing language

<https://towardtheheart.com/assets/uploads/1512674325aOAKOYmxn5R3JpXBE1udQKmq9ypzwBNP1OkjtwcJ.pdf>

CCSA, Stigmatizing Words Are Common

<https://www.ccsa.ca/sites/default/files/2019-05/CCSA-NAAW-Stigmatizing-Language-Fact-Sheet-2018-en.pdf>

VIDEOS and LEARNING MODULES

CAPSA, Let Me Tell You About Name Calling (video)

<https://youtu.be/1Ev9zsd5thk>

CAPSA, Flipping the Pyramid (video)

<https://youtu.be/JD4mwtq3yEk>

Carleton University, How Trauma Impacts the Brain (video)

<https://www.youtube.com/watch?v=LNVShudqsTI>

CCSA, Stigma and Discrimination in the Language of Addiction, Dr. Kenneth Tupper (video)

<https://youtu.be/FowNgyoAhpc>

TEDxFortWayne, Shaming the Sick: Substance Use and Stigma, Dr Carolyn Greer (video)

<https://www.youtube.com/watch?v=eZ0CafocLSY&t=44s>

Yale Courses, How Do You Talk About Addiction? (video)

<https://youtu.be/mCf7jXHYSSI>

CCSA, Overcoming Stigma: Online Learning (three modules)

<https://www.ccsa.ca/overcoming-stigma-online-learning>

Centre for Addiction and Mental Health, Understanding Stigma (course)

<https://www.camh.ca/en/education/continuing-education-programs-and-courses/continuing-education-directory/understanding-stigma>