

# STOP THE STIGMA



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Public Health  
Injury and Violence Prevention Branch

<https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic>  
Last Updated August 2024



## WHAT IS STIGMA?

Stigma is when someone is viewed in a negative way because of a particular characteristic or attribute (such as skin color, cultural background, drug use or mental illness). When someone is treated in a negative way because of these attributes or identities, it is discrimination. The following guidance addresses stigma related to substance use.

## TYPES OF STIGMA

**Internalized Stigma:** when someone internalizes messages about people who use drugs and apply them to themselves.

**Social Stigma:** negative attitudes or behaviors toward people who use drugs or toward their friends and family.

**Structural Stigma:** policies or norms in health, social services and other systems that increase negative perceptions and barriers to support.



Stigma, including the fear of judgement or of being treated poorly is one of the greatest barriers for people who use drugs to access care and support.

There are many ways to combat stigma and increase support for people who use drugs at an **individual, agency and community level:**



# INDIVIDUAL



Negative language and stigma regarding substance use have been shown to be a key barrier to seeking and receiving support for people who use drugs. Talking about substance use in a more accurate and humanizing way reduces stigma and helps people receive appropriate connection and support.

Use these	Instead of these	Why?
Person who uses drugs, person with a substance use disorder, person using drugs problematically/chaotically.	<i>Addict, User</i>	These terms reduce a person to only their drug use and are not medically or scientifically accurate.
Substance Use Disorder or addiction (if clinically accurate). Use (for illicit substances); misuse, used other than as prescribed (for prescription medications). Harmful, hazardous, problematic or risky use.	<i>Abuse, Drug Problem/Habit</i>	Neutral, nonjudgemental language.
Tested positive or negative, abstinent or not abstinent, sterile or used, etc.	<i>Clean/ Dirty</i>	Dirty/clean is associated with filth, not a medical condition. Invokes punitive bias and shame.
Person in Recovery	<i>Reformed, Ex, Former Addict</i>	Neutral, nonjudgemental, person first.
Medication for Opioid Use Disorder (MOUD), Medication for Alcohol Use Disorder	<i>Opioid replacement/ substitution/ maintenance therapy, medication assisted treatment (MAT)</i>	Treatments for other conditions are not labeled “medication assisted treatment,” use disorders shouldn’t be treated differently. “Replacement” suggests that people are trading one use disorder for another.
Person with justice system involvement; person who was previously-incarcerated	<i>Criminal, offender, felon, convict.</i>	These labels are dehumanizing, harmful and reduce people to their involvement with the justice system instead of members of our community.

## The Platinum Rule

Treat others as they would want to be treated!

Language and best practice are ever-evolving. Practicing cultural humility involves acknowledging that you’ll never be an expert, committing to lifelong learning, and constantly striving to improve how you treat others.

# AGENCY



Addressing stigma at the agency level is a worthwhile and lengthy process with no completion date. This process begins with a shared vision of a safe and equitable environment for people who use drugs and the people who care about them.

## EVALUATE EXISTING NORMS

**Use trauma-informed care as the cornerstone of culture.** Trauma-informed organizations respond with empathy to client needs, ensure physical and emotional safety, and avoid retraumatization. Many toolkits and trainings have been developed to help agencies assess, design and implement trauma-informed culture and practices.

**Provide appropriate and adequate training to staff.** A basic understanding of trauma and trauma dynamics, substance use and different recovery pathways should be held by all staff and should be used to design service delivery in a way that prevents retraumatization and supports consumer participation in care.

**Design policies and procedures to diminish stigma.** Consider how you might expedite or simplify processes for participants. Is there stigma/ bias embedded within forms and processes? What is the tone being set when someone from a stigmatized group walks through the door?

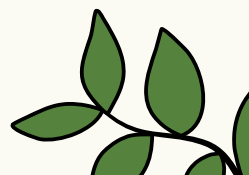
**Listen to the people who are receiving services.** Focus on building meaningful relationships, not the use or behavior.

## INVITE LIVED EXPERIENCE

**Center lived experience** by prioritizing and valuing the personal narratives and perspectives of individuals, particularly from marginalized groups, in understanding and addressing issues that affect them.

**Avoid the divide between People with Lived Experience & "Experts."** Instead, focus on creating environments for people with different skill-sets and orientations to work together to tackle issues and reach common goals.

**Recruit employees who are representative of your service population.** This could include but is not limited to peer support specialists, case managers, administrators and leadership. Do not relegate people with lived experience to peer support roles. Peer leadership is an incredible tool to dismantle stigma and avoid tokenizing peers.



# COMMUNITY



Stigma is a cross-cutting issue that can affect all communities and populations; however, each community has unique needs and varying levels of readiness for change. Utilizing the strengths of the community, below are some ideas to address stigma at the community level:

## **Engage Community Leaders.**

Partner with trusted leaders and influencers to help communicate anti-stigma messages and advocate for change.

## **Increase Public Education and Awareness.**

Stigma prevention and reduction campaigns, awareness events and community-wide education campaigns provide opportunities for people to be seen and heard, to engage people who may not normally interact with support systems to learn about services, and to challenge assumptions and educate wider audiences.

## **Tailor Interventions to Local Contexts.**

Design stigma reduction activities that reflect the specific cultural, social, and economic contexts of the community, ensuring relevance and effectiveness.

## **Advocate.**

People in need of recovery support services often face barriers to accessing the care they need. Factors such as high cost, insufficient insurance coverage and limited providers contribute to the problem. Advocating for investment in recovery services at the local level and beyond can help tackle these barriers.

*Every North Carolinian has a role to play in breaking down stigma.  
Let's unite to create a more inclusive and compassionate state for all.*

# ADDITIONAL RESOURCES

[Addictionary, Recovery Research Institute.](#)

[Respect to Connect, Undoing Stigma, National Harm Reduction Coalition](#)

[Trauma Informed Care Implementation Research Center](#)

[Recovery Friendly Workplaces](#)

[Language Guide, End the Syndemic Tennessee](#)