MMA CENTER FOR QUALITY IMPROVEMENT

Words Matter:
A Substance Use Conversation Guide

This guide helps to promote:

- Language that promotes self-esteem and self-efficacy
- Motivational Interviewing skills to engage in supportive conversations with patients living with SUD
- Use of scripting to support better conversations
- Coordination of treatment providers

Use this guide to help healthcare teams recognize, rethink, and remediate the stigma and bias of words commonly used while caring for people with Substance Use Disorder (SUD).

- Introduce the content in staff meetings, discuss reactions, and take a few minutes each time to practice the scripts and alternative language amongst colleagues.
- Laminate the "Sample Scripts…" and "Change…" tools.
  Hang them in breakrooms, in exam rooms, at the front desk.
  Add them to new employee packets.
- Identify a team to pilot the scripts and share successes and learnings as a regular agenda item at staff meetings.

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Words Matter: A Substance Use Conversation Guide

"Words have immense power to wound or to heal…The right words catalyze personal transformation and offer invitations to citizenship and community service…The wrong words stigmatize and disempower."

- William White, *Emeritus Senior Research Consultant, Chestnut Health Systems*

Stigma

- Defined as a mark of shame or discredit.
- Stigma exposes people to distorted experiences within the criminal, mental health, and medical fields, and thus robs people of opportunities for success—often increasing the acuity and mortality for those individuals whose lives may be complicated by mental health conditions and SUD.

Bias

- Unconscious attitudes or stereotypes that affect our understanding, actions, and decisions.
- People are poor at seeing bias in ourselves, but good at seeing it in others. As such, there is real power in groups and teams taking bias on together - naming the biases, being transparent, and holding each other accountable.

Structural Stigma

- Discrimination present in the healthcare system and manifested through the implementation of policies and the use of language—leading to lower-quality care, limited and fragmented access to behavioral health treatment and other services, and overuse of coercive approaches to care.

Healthcare team members are encouraged to…

- Use and reinforce language that promotes self-esteem and self-efficacy, such as person-first language like "person with substance use disorder" instead of "addict" or "alcoholic." Many people with SUD use stigmatizing language to describe themselves. Healthcare teams who use empowering language can diminish the "why try" effect of self-stigma and foster engagement with peer supports and education to increase social and coping skills.
- Use motivational interviewing, which is the most effective behavioral approach to engage people in the self- maintenance of chronic medical conditions. This guide provides motivational interviewing techniques for conversations specifically related to SUD. (For more information, visit https://www.thenationalcouncil.org/resources/the-comprehensive-healthcare-integration-framework/.)
- Use scripting to reduce stigma. Recognizing the decision and power balance in healthcare interactions, scripting offers a faster, more direct, and less emotionally charged platform to reinforce equitable care without stigma when triaging, educating, and providing care. When teams use scripts, they can improve the culture of care and create better conversations around substance use, risk reduction, referral pathways, and recovery supports.
- Promote coordination of treatment providers to develop a person-centered system of care that facilitates recovery through increased access to (1) evidence-based treatment, symptom monitoring, adherence to prescribed medications; and (2) supported employment opportunities. Coordination between providers can encourage family interventions, increase skills management, and promote entry into integrated treatment for mental health and substance use conditions.

These tools are intended to improve the outcomes for people living with SUD by encouraging teams to:

- Align language to be consistent with the nature of SUD as a chronic disease;
- Stress that SUDs are treatable, and that recovery is a reality and possible for everyone—thus providing opportunities to help people with SUD achieve recovery; and
- Emphasize solution-oriented care (rather than problem-related care).

Sample Scripts for Conversations with People with SUD

The following scripts are intended to support healthcare team members in focusing on using person-centered language related to SUD. Practice with each other to gain comfort using the language.

1. Front Office / Phone Conversations:

Person with SUD	Staff / Provider Response
"I'm out of town. I can't come in for my pill count."	"No problem—what is the pharmacy you use? I will fax them a sheet to fill out once they count your medication.
"I'm out of town. I can't come in for my urine drug screen."	"No problem—are you are able to visit the closest hospital? If you are, then I will call their lab and fax an order."
"I just used the bathroom, and I cannot urinate."	"No problem—I can give you as much water as you need to give us a sample. And please take your time. We want to support you in getting your medical needs met."
"I only have a small portion of my [Medication for Opioid Use Disorder/MOUD] medications. The others are stored elsewhere." "I have some of my [MOUD] medications with me, and the others are [at the school, with the other parent, etc.].	"No problem--please bring in what you have for a count of your medication. Please let me know if you are able to find someone else who can bring your other MOUD medications to the nearest pharmacy or to this clinic to be counted. If you are unable to do so, please follow up with your provider at your next appointment."
"I lost [or flushed] some of my pills."	"I am sorry to hear that. If you are able, please bring in what you have left for medications."
"My pills have been stolen."	"I am sorry to hear that. I will let your provider know."
"I don't like being treated like a criminal."	"I am sorry. That's not our intention. Our providers are required by Maine law to routinely monitor anyone prescribed controlled substances. In what ways can we make you feel more supported?"
"I don't have any transportation, so I can't get there."	"I am sorry to hear that. If you aren't able to come in [for a urine drug screen, pill count, etc.], I'll let your provider know. If telehealth is an option, I would be happy to discuss the option further. Transportation is a common barrier."

2. Office Visit Conversations Specific to Substance Use Ambivalence/Motivational Interviewing techniques

Person with SUD	Provider Response
"I can't stop using [substance x] when all my friends are doing it."	"Trying to stop using [substance x] is extremely challenging in any situation. SUDs are long-term, but you are not alone, and recovery is possible. I am so glad that you have come in today so we can work together to find ways to support you in meeting your goals. What are your goals around your use?"
"Why are you stuck on my use of [substance x]? You'd use too if you had my life."	"You've got a good point, and that's important. There's a bigger picture here, and maybe I haven't been paying enough attention to that. It's not as simple as your use of [substance x]. Would you be interested in learning about resources for substance use treatment or other support services?"
"My family is always nagging me about my use of [substance x]—always calling me an addict. It really bothers me."	"I am sorry that your family is not expressing their care and concern for you in a respectful way. That sounds really hard. It sounds like your family may benefit from learning about SUD and recovery. I would be happy to give them resources for affected family and friends if they are interested."

Sample Scripts - continued

3. Office Visit Conversations Specific to Substance Use and Health Risks

Situation	Provider Response
Communicating that a procedure may be affected by substance use	"When I do this procedure, I want to be sure you will have the best possible outcome. Your procedure may be complicated by [substance x] use and I want to explain what these signs are and have you weigh-in so we can best plan your procedure. Your input matters."
High health risks due to substance use	"I am concerned that if you do not make a change, the consequences to your health may be serious. What are your thoughts on that?"
Moderate health risks due to substance use	"Substance use at this level can result in some pretty serious long-term health problems. Would you be interested in hearing some facts about this?"
Low health risks due to substance use	"Your screening results show you are either abstaining from substance use or your use is in the low or no risk category. That's great. If you are ever interested in learning more about substance use, I would be happy to give you some resources."

4. Sample Questions to Evoke Self-Motivational Statements in an Office Setting

Problem Recognition
• How has your substance use affected your life? • What challenges have you experienced due to substance use? • How have you or your family/friends been affected by substance use? • In what ways has substance use stopped you from achieving your goals?
Concern
• Are you worried about your substance use? If so, what worries you? • How much does this concern you? • What do you think will happen if you don't make a change? What do you think will help you make a change?
Intention to Change
• On a scale from 0 – 10, where zero is not at all important and ten is extremely important, how important is it to you to change? Why are you at a ___and not a ___ [lower number]? What might happen that could move you from a ___ to a ___ [one number higher]? • The fact that you're here indicates that at least part of you thinks it's time to do something. • What are the reasons you see for making a change? • If you were 100 percent successful, and things worked out exactly as you would like, what would be different? • What things make you think that you should keep using [x]? What makes you think it's time for a change? • I can see that you're feeling stuck at the moment. What will need to change for you to feel unstuck?
Optimism
• If you decide to make a change, what do you believe will help you do it? • What supports would be helpful in making changes? • When you have made changes in past, what worked best?

Changing the Way We Talk About SUD

Using alternative terms provides the opportunity to reduce barriers to recovery for a person with SUD. Adjusting language can help to avoid judgmental and negative assumptions about people with SUD —a small change with potential for a big impact.

For example, the medical community has been transitioning to the term substance use disorder instead of drug abuse or addiction, acknowledging that problematic substance use is a medical condition.

Below is a list of alternative terms to avoid stigmatizing language when discussing issues related to substance use.

	Use Alternative Terminology…	…Instead of Stigmatizing Terminology
Person-Centered Language	▪ Person with a substance use disorder	Addict
	▪ Has an [x] use disorder	Addicted to [x]
	▪ Person with an alcohol use disorder	Alcoholic
	▪ Person in recovery	Former or reformed addict
	▪ Individual not yet in recovery ▪ Person who is actively using [x]	Untreated addict
	▪ Person who uses substances for non-medical reasons ▪ Person starting to use [x] substance	Recreational, casual, or experimental user (as opposed to those with a disorder)
	▪ Infant with substance exposure	Drug addicted infant
Neutral and Objective Language	▪ Substance free ▪ In recovery	Clean or sober
	▪ Testing negative for substance use	Clean screen
	▪ Actively using ▪ Positive for substance use	Dirty
	▪ Testing positive for substance use	Dirty screen
	▪ Substance use disorder ▪ Regular substance use	Drug habit
	▪ Use of [x] substance	Drug of choice; Abuse
	▪ Misuse	Hazardous, risky, or harmful substance use
	▪ Ambivalence	Denial, delusional
Opportunity-Language	▪ Recovery support	Relapse prevention
	▪ Return to use ▪ Recurrence of use	Relapse
	▪ Medication for Addiction Treatment (MAT) ▪ Medication for Opioid Use Disorder (MOUD) ▪ Medication assisted recovery	Opioid replacement; Methadone maintenance

Reframing Your Thought Process

The terms listed below, along with others, are often people's attempts to reclaim dignity while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others; at times, these efforts may not bring the result they want.

Stigmatizing	Reframing	Reasoning
Mathew is manipulative.	Matthew is trying really hard to get his needs met. Matthew may need to work on more effective ways of getting his needs met.	Take the blame out of the statement. Recognize that the person is trying to get a need met the best way they know how.
Kyle is non-compliant.	Kyle is choosing not to…. Kyle would rather…. Kyle is looking for other options.	Describe what it looks like uniquely to that individual – that information is more useful than a generalization.
Mary is resistant to treatment.	Mary chooses not to…. Mary prefers not to…. Mary is unsure about….	Avoid defining the person by the behavior. Remove the blame from the statement.
Jennifer is in denial.	Jennifer is ambivalent about…. Jennifer has mixed feelings about… Jennifer doesn't perceive an issue…	Remove the blame and stigma from the statement.

Adapted from Southeast Addiction Technology Transfer Center (Southeast ATTC) document.

Additional Resources on Stigma and Bias

It can be difficult to address stigma amongst teammates, family members, or in group sessions in the moment. As the Addiction Medicine field evolves so does the terminology and surrounding methods of patient care. It is important to model the use of appropriate language and below are some tips on how to encourage others to use the appropriate language when referring to Opioid Use Disorder (OUD)/SUD and the recovery journey.

Hand Signals	Some primary care practice teams have adopted a method of selecting an agreed upon hand signal that all members of the team are aware of and can be subtly used in situations (like a meeting) when a team member might be using stigmatizing terms or outdated language.
One-on-One Follow-up	It can be helpful to have a one-on-one discussion if there is one individual using an incorrect term when discussing OUD/SUD and the recovery journey. For example, if a team member is saying "dirty urine" rather than "tested positive for" it might be helpful to have a discussion reminding that team member of how words do have an impact.
Model the Language	Be consistent with using the appropriate language. For example, if a family member with the patient keeps saying addict, you can explain the terms used in the clinic, and model using those terms throughout the appointment.
Consider Special Populations	It is important to remember that OUD/SUD impact all populations and does not discriminate. Some populations, such as pregnant people, receive additional stigma directed towards them. It is important to encourage the recovery journey in all populations rather than discouraging it. Consider what additional stigma your patient might be facing due to their sexual orientation, race, gender identity, or even because they are a parent.
Signage	In some instances, signs around the office provide reminders and can be helpful tools to start a discussion. Consider placing "Proud to be Stigma Free" signs or signs encouraging patients to ask about Naloxone around the office.

Additional Resources Specific to Stigma:

- The Power of Perceptions and Understanding: https://www.samhsa.gov/sites/default/files/programs_campaigns/02._webcast_1_resources-508.pdf
- Community Health Workers Addressing Addiction: https://chwcentral.org/chws-addressing-addiction/
- How Language Can Reduce Stigma: https://preventionsolutions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf
- The OPTIONS Program: https://knowyouroptions.me/
- Addictionary™ https://www.recoveryanswers.org/addiction-ary/

If your team continues to struggle with the use of stigmatizing language it may be helpful to set up a training on stigma for the team. The OPTIONS Program Liaisons, Community Health Workers, and Recovery Centers in your area are all resources you should consider leveraging to help your team.

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Revised fall/winter 2021: This guide was originally developed by the Maine Quality Counts Behavioral Health Committee, an advisory stakeholder group to the board of the organization. Maine Quality Counts work is now continued under the Maine Medical Association - Center for Quality Improvement (MMA- CQI).

Please visit MQC Words Matter to view the references used to develop the original document: Words Matter: Improving the Substance Use Conversation – A Guide forHealthcare Teams

Recognizing that the use of non-stigmatizing language is constantly evolving, persons and programs are encouraged to continue to seek out non-stigmatizing and person-affirming language regarding substance use. The Words Matter team aims to evaluate the need for updates to this Guide at least every two years.

Words Matter team who gathered resources and provided input to revise this resource:

Eric Haram, LADC Haram Consulting, LLC
Elisabeth Fowlie Mock, MD, MPH mockdoc, LLC

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With extended gratitude to the following committee members and community partners who helped to create the original guide:

Matthew Braun
Corrie Brown, LMSW
Bruce Campbell, LCSW, LADC, CCS
Lorraine Chamberlain, LCSW
Eric Haram, LADC
Alison Jones Webb, MA, MPH
Lisa Letourneau, MD, MPH
Liz Remillard, MPH
Noah Nesin, MD
Darren Ripley, LADC, CCS
Catherine Ryder, LCPC, ACS
Rhonda Selvin, APRN
Emilie van Eeghen, MBA

This guide is intended and encouraged to be shared.

Please contact the MMA-CQI (mmacqi@mainemed.com) **to:**

(1) **Request technical assistance or training related to implementing the content of this guide, or**

(2) **Provide suggestions for revisions to this document.**

30 Association Drive, POB 190 | Manchester, ME 04351

mmacqi@mainemed.com

Website: www.mainemed.com/mma-center-quality-improvement