Supporting Students in Recovery: Tips for Allyship

Language and Stigma

Words Matter.

- Less than 10% of people who struggle with substance use will get help, in large part due to the stigma that creates barriers to seeking support; even fewer find competent support.
- Stigmatizing language perpetuates both unintentional and deliberate discrimination - and can be found in academia, healthcare settings, news, popular media, society in general.
- This decreases help-seeking behaviour and negatively impacts healthcare delivery and outcomes.

(Atayde et al., 2021)

Recovery research institute conducted a study to measure perceptions of someone who was a "substance abuser" compared to a person with a "substance use disorder" and found that the term "abuse" shifts blame to the person with the substance use disorder.

Participants felt that the "substance abuser" was ...

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties
- and the belief was that the person was more able to control their SU without help

(Kelly & Westerhoff, 2010)

Mental health has more stigma than physical health concerns; but Substance User Disorder has more stigma than other mental health concerns

- This can cause harm and a lack of evidence-based practice throughout the entire continuum of treatment

(Barry et al., 2014; National Academies of Sciences, Engineering, and Medicine, 2016; Witte et al., 2019)

Individuals with substance use disorders are considered marginalized populations, and youth struggling with substance use issues are often rendered invisible.

(Burns et al., 2024)

In general, Person-first language is much preferred than labeling someone as something, and medically-accurate terms are preferred than slang. Use language that shows care and concern, rather than judgement.

On the left we see a column with words that are considered by many to be more stigmatizing. However, you will still hear many people both with and without lived experience using these terms. These are words that really only people with lived experience should say when talking about themselves.

- People with lived experience use whatever language they want because they are talking about themselves.
- Even if a person calls themselves an "alcoholic" or "addict," these might be words that someone has reclaimed for themselves but that doesn't mean that you can use that term to describe them.
- Each person ultimately has the right to self-determine what they want to be called (not only in regards to substance use but also ethnicity, sexuality, gender, pronouns, etc) AND if they correct you, it is important to accept the correction, without defensiveness or justification; just thank them for the correction and just move forward appropriately.
- Allies can sometimes match their language with the person they are speaking with or about... or ask them what terms they would like you to use. As you can imagine, this also depends on our relationship with the person. Language is nuanced, just be mindful.

The **middle column** are words that are pretty commonly used in medical journals, articles, media outlets, legal documents, and other places but that may be stigmatizing based on the context and conversation.

On the **right** are some ideas for new (and hopefully) less stigmatizing language. Language is always evolving.

More Stigmatizing	Possibly Less Stigmatizing (Depending on Context)	More Stigmatizing
Substance Abuse Habit Drug/Alcohol Problem	Addiction Substance use disorder (SUD) / Dependence Substance misuse	Substance use issues
Substance Abuser Addict/Alcoholic Junkie/Crackhead Problem Drinker/Boozer	Person with an addiction / substance use disorder Person navigating substance use	Person living with the experience Person who uses substances Person struggling with substance use
O.D.	Overdose	Accidental drug poisoning Drug toxicity poisoning
Clean Former Addict	Person in recovery Abstinent / sober	Person with lived experience Person no longer using Person who struggled with substance use Person who is thriving
Fall off the Wagon Back at it Using again	Relapse Return to use	Recurrence of use Recurrence of symptoms
Opioid replacement therapy	Medication assisted treatment Medication assisted recovery	Pharmacotherapy Medication
Jonesing Drying out	Detox	Withdrawal management
Clean/dirty toxicology screening	Negative/positive toxicology screening	Non-reactive/reactive toxicology screening
Ex-con/Felon/Criminal/Inmate/ Parolee/Offender	Criminal justice involved	Justice involved Systems-impacted Person re-engage in community

(Fudjack et al., 2022)

Why Is This Important?

By using language that **de-humanizes and 'others'** individuals who use substances, we create **false divisions**. It's said that the opposite of addiction is connection, and yet fear, anger, hurt, shame, and stigma create a desire to distance ourselves from the topic altogether.

Even when people are not using substances, we generalize and assume someone is under the influence when they are behaving or acting outside of societal convention; when they are slurring their speech or having trouble articulating their thoughts; when they appear unhoused; etc. Substances are used as an excuse to OTHER people, and substance users are left isolated and disconnected. Derogatory connotations in language has real impact **individually, socially, and structurally**.

Using **slurs and stigmatizing language** tells people who use(d) substances that we are not good enough; that we are bad or broken.

- They sow seeds of self doubt that perpetuate messages of silence and increase negative self beliefs. Slurs denigrate people in order to **subdue** and **control** them; to reinforce hierarchies of power and dominance and violence.

Holding varying intersectional identities also increases the impact of **systemic barriers** to seeking support, and negatively impacts the availability of treatment and recovery options that are culturally competent and can support a person holistically. There are people across all social locations and identities that struggle with substances, and so this is only one topic to consider when we are striving for inclusivity, equitable access, but if it is not discussed explicitly, **it is often forgotten and ignored**.

"The War on Drugs" Increased Stigma

Generational trauma and bias can also be passed down, and those who lived through the Reagan era of "just say no" to drugs may have internalized a lot of messaging (1974-2008, but predominantly the 80s and 90s). It has only been in the last 10 years or so that we have started to see a shift in political philosophy that is embracing substance use from a public health approach.

2013 National Drug Policy Reform Summit held at the White House - marked the beginning of a philosophical shift from "the war on drugs" to a public health approach.

(Kelly et al., 2014)

Myths About Substance Use

There are countless myths about substance use, addiction, and recovery. There's no way we can cover all of them in this training but here are just a few - along with some facts to counter them!

Myths about addiction and recovery perpetuate stigma and bias. And the stigma attached to the myths about addiction and recovery keeps people from seeking support -- especially on campus

Confronting our biases with evidence-based facts and the actual lived experiences of those in recovery or who use substances is key.

Myth #1: Addiction only happens in bad neighbourhoods.

Fact: Addiction happens EVERYWHERE! Addiction is commonly associated with homelessness and poverty, but it actually shows up everywhere -- especially among students and on campuses.

- SUI impact over 22%, or almost 1 in 4 students in Post-secondary schools (Laudet et al., 2016).
- Of those, only 7.2% received specialized care, and an overwhelming 92.8% receive no formal treatment (Brown et al., 2018)
- About 90% of substance use and substance use related problems begin between the ages of 12 and 20 (Dennis & Scott, 2007; Laudet et al., 2016; Lipari et al., 2016), with most substance use diagnosis occurring between ages 18 and 24 (DSM5).

Myth #2: Student substance use is a "phase" people grow out of.

Fact: Although many young people experiment with drugs without becoming dependent on them, most substance use issues begin in adolescence and young adulthood.

- Rates of substance use diagnoses triple from 7% in adolescence to 20% in early adulthood (Dennis & Scott, 2007; Laudet et al., 2016; Lipari et al., 2016).
  - Not only is this myth false, but it tells students that something is wrong with them if they can't stop using substances or can't use them safely like their peers.
  - This causes people to hide their struggles, it isolates them, puts them in danger of accidental drug poisoning, and perpetuates shame and stigma.

Myth #3: Universities are inclusive for students with substance use issue.

Fact: Campus environments present many challenges for students with lived experience of addiction (pro-drug culture, low/no support, substance saturated environments)

- There are many unique challenges that post-secondary students in recovery face (Grahovac et al., 2014).
  - Pro-drug culture / substance saturated environment
  - Low/no support
  - Transitioning into a new school environment
  - Added responsibilities
  - New freedoms
  - Less structure and supervision
  - Feeling Isolated
  - Peer pressure to use substances
  - Learning to maintain abstinence
  - Restructuring daily life to avoid behaviours and social triggers that may lead to substance use
  - Balancing demands of recovery and academics
  - Attempting to find belonging amongst peers

Increasing Recovery Allyship

- **Speak up!** We need more voices and perspectives advocating for support in all spaces - especially on campus. Even if it is not your lived experience, TALK about substance use issues. Don't be afraid to have the conversations.
- Examine your **own beliefs** about substance use, addiction, and recovery. Keep an open mind.
- Use accurate and less-stigmatizing **language**.
- **Educate** others about recovery and addiction and do not seek or expect others to educate you.
- Be aware of the **environments** you create, and work towards creating safe ones.
- Don't judge people who use substances. Seek to **develop empathy**.
- **Communicate** directly and with respect.
- **Listen and show you care.** It's not up to you to determine if someone has a problem or not. But you can be curious and create space for people to talk it out and come to their own decisions – with your unconditional support. Listen to the needs of those who have lived experience.
- **Advocate** for inclusive public health policy and practice both on campus and beyond. Volunteer, get-involved, speak up.
- Be aware of multiple **resources** available to support people based on their chosen recovery pathway.
- Take **guidance & direction** from the people you seek to work with. Work with integrity and build your capacity to receive criticism.
- Build **community and belonging** across differences.
- **Call for help** when you see someone in danger or in a potentially harmful situation.
- **Carry naloxone** & learn how to use it.
- **Support campus initiatives** that support and provide resources for students struggling with addiction and students in recovery.
- Become familiar with on- and off-campus health, wellness, and substance use **resources**. Build connections to provide warm hand-offs to services.
- **Normalize sober spaces** on campus – model having fun without substances!

<u>Unique Opportunities for Faculty, or GAs:</u>

- Use examples in classes to relate any topic to substance use or recovery in order to establish safety and trust; demonstrate that you care. This starts a conversation.
- Know the signs of students who are struggling
  - Grades begin to slip; missing classes; acting out or withdrawing
  - Physical transformations (rapid weight loss, bloodshot eyes, dilated pupils, nosebleeds, appearing hungover or high in class)
  - Changes in grooming (disheveled, neglecting personal hygiene)
  - Switching friends or isolating
- Approach students who may be struggling
  - Approach with a foundation of care
  - Ask the student how they are coping with problems or stressors
  - Be open and direct; ask "Are you using substances?"
  - Maintain empathy and listen to the student
  - Try not to incriminate use, but provide resources and support