WINDSOR-ESSEX COMMUNITY OPIOID & SUBSTANCE STRATEGY

This policy template has been created for community organizations that work with or support people who use substances. The purpose of the policy template is to provide organizations with standardized procedures and practices that can be used to create person-centered, recovery-oriented, and stigma-free environments. The template is universal in that it can be applied and adapted to a wide range of community service settings, including treatment centres, healthcare facilities, emergency response services, justice-oriented organizations, and others. It is shaped by four guiding principles and includes practical strategies and approaches that staff at varying levels of the organization can adopt within their practice.

Equip Health Care's "Rate Your Organization: Discussion Tool" (Appendix A) is a checklist tool designed to assess and score how well harm reduction and anti-stigma strategies are reflected in practice. It offers valuable insights into how organizations or agencies can function in ways that promote person-centered, recovery oriented and stigma free environments.

For questions or guidance on implementing this policy in your service setting, please contact **Emma Salmon**, **Health Promotion Specialist at the Windsor-Essex County Health Unit**, via email at **esalmon@wechu.org**.

Reducing Substance Use Stigma Policy Template

Preamble

Substance-related mortality, emergency department visits, and hospitalizations have been on the rise in Windsor-Essex County. These outcomes are often linked to substance use d and addressing them requires confronting the stigma surrounding this condition. Research shows that stigma is rooted in the misconception that substance use disorder is a personal choice or moral failing (McGinty, E. E., & Barry, C. L. (2020). Hence, there is a need to shift public perceptions to promote empathy and understanding, ultimately leading to better health outcomes for people who use substances.

Stigma creates barriers at individual, system, and societal levels—preventing people from seeking help, reducing the quality of care they receive, and fueling punitive responses instead of public health solutions. As stigma persists across communities and professional settings, it is critical to promote respect, dignity, and equity. Fostering judgment-free environments for people who use substances and/or harm reduction practices can be achieved through education, trauma-informed care, and the use of non-stigmatizing language.

Purpose & Scope

The purpose of this policy is to guide [**Service Agency/Organization Name**] in fostering an environment where people with lived or living experience (PWLLE) of substance use and/or harm reduction are not burdened by stigma that limits access to care or opportunities for upward social mobility, ultimately supporting improvements in their quality of life. As such, all

management, service providers, and human resource personnel are expected to adhere to the full policy within its scope.

Definitions

The following key terms are provided to support staff in recognizing the underlying beliefs, assumptions and attitudes that may unintentionally create barriers between service providers and people who use substances and/or harm reduction practices. Understanding these terms is essential to the effective implementation of this policy and to promoting equitable, respectful and compassionate care across all programs and services. These include:

- **Anti-stigma approaches**
  Approaches that address stigma drivers and practices by targeting social norms as well as public policy. Anti-stigma approaches recognize substance use as a health issue and encourage compassionate, evidence-based responses rather than judgement.

  Anti-stigma approaches include but are not limited to:
    - **Harm reduction**
      A client-centered, evidence-based approach that reduces the health, social, and economic harms of substance use. It promotes safer use, prevents overdose and disease transmission, and strengthens connections to care. Examples include Needle Syringe Programs and opioid agonist therapies including Methadone and Suboxone. It is important to support harm reduction as a valid care option, recognizing that recovery is not linear and committing to meeting individuals where they are at.
    - **Trauma and Violence-Informed Practice (TVIP)**
      A service approach that acknowledges the widespread impact of trauma and violence. TVIP fosters safe, empowering environments that prevent re-traumatization and support people who use drugs (PWUD) in making informed, self-directed choices.
    - **Equity and Inclusion:**
      An approach that affirms the rights and dignity of all individuals, regardless of substance use, race, ethnicity, or gender. It centers client voices, respects autonomy, and supports informed decision-making.
    - **Collaboration with People with Lived and Living Experience**
      Equitable partnerships with PWLLE are essential to addressing power imbalances and improving accessibility. Their insights help shape services that are responsive, inclusive, and effective in meeting real-world needs.
- **Person-first language**
  Language that puts the individual before their condition or behavior. It emphasizes the person rather than defining them by their substance use or engagement with harm reduction practices. For example, using “person who uses substances” instead of “addict” promotes inclusivity and helps avoid terms that are considered harmful. Additionally, respectful language supports clearer, more accurate communication with the people who access our services.
  Approved terms include, but are not limited to:

- People who use substances
- People with a substance use disorder
- People living with a substance use disorder
- People who use drugs
- People in recovery

These terms can be used in both singular and plural contexts—for example, individual(s), client(s), patient(s), and people who use substances. For a comprehensive list of stigmatizing and non-stigmatizing, substance use–related terms, please refer to Appendix B. For guidance on how these concepts can be implemented in conversation, see Appendix C.

- **Substance use**
  The consumption of psychoactive substances – including currently illegal drugs, as well as alcohol, tobacco, and cannabis – that can be used for medical, religious or ceremonial purposes, for personal enjoyment or pleasure, or to deal with stress, trauma or pain. Substance use can be viewed on a spectrum, from beneficial to low risk to potentially leading to higher-risk use and substance use disorders that impact overall health and well-being.
- **Substance use disorder (SUD)**
  A medical condition characterized by the uncontrolled use of a substance despite harmful consequences. It can range in severity and is treatable through a variety of evidence-based approaches.
- **Lived or living experience**
  The knowledge and perspective gained through personal experience with substance use, including active use, previous use, recovery, treatment, and/or harm reduction. Living experience refers to individuals who are currently using substances.
- **Stigma**
  Negative attitudes, beliefs, or behaviors directed at individuals or groups based on perceived differences or characteristics—such as substance use—that lead to discrimination, exclusion, or reduced access to services.
- **Discrimination**
  Negative behaviours towards people who deviate from societal norms or, in other words, those who are stigmatized. Discriminatory practices result in exclusion and maintain inequities for the stigmatized group.
- **Structural stigma**
  Systemic policies, practices, or institutional norms that create or maintain barriers to care, support, or opportunities for people who use substances.
- **Individual stigma**
  When individuals accept and apply negative stereotypes to themselves, which can reduce self-esteem, discourage help-seeking, and impact recovery.

Roles and Responsibilities

Management

Management of **[Service Agency/Organization Name]** will ensure that this anti-stigma policy is applied fairly, consistently, and confidentially. They are responsible for determining the validity of any allegations and deciding on appropriate corrective actions when necessary. To foster a stigma-free environment, Management will:

- Provide ongoing education and awareness training related to substance use and stigma reduction see Training & Education Resources. This includes annual completion of the anti-stigma e-learning module developed by the WECHU.
- Regularly review organizational policies, practices, and systems to identify and eliminate language from all written materials, procedures, and communications which would stigmatize people who use substances.
- Ensure an accessible, fair, and confidential process for addressing complaints related to stigma or discrimination.
- Model inclusive, respectful, and stigma-free behaviors at all times.

Service Providers

Service Providers within [**Service Agency/Organization Name**] play a crucial role in delivering care and support free of stigma and judgment related to substance use and/or harm reduction practices. They are responsible for:

- Demonstrating respectful, non-judgmental, and compassionate attitudes towards all clients, regardless of their substance use status.
- Incorporating substance use stigma awareness and reduction strategies into their daily interactions and professional practices.
- Maintaining client confidentiality and handling all situations with sensitivity and respect.
- Reporting any observed stigma or discrimination within the workplace or service environment through appropriate channels.
- Participating in training and educational opportunities aimed at improving understanding and reducing stigma related to substance use.

Human Resources

Human Resources are responsible for sustaining a culture of inclusion related to substance use through training, onboarding and communications. Human Resources are responsible for:

- Promoting a general understanding of this Policy.
- Promoting and monitoring the implementation of this Policy.
- Recognizing individual needs and facilitating timely and appropriate referral pathways to substance use and mental health services, as needed.
- Promoting accountability by responding to reports of Policy violations with appropriate corrective and where necessary, disciplinary action.

Implementation

To uphold [**Service Agency/Organization Name**]'s commitment to fostering an environment where individuals with lived and living experience of substance use and/or engagement with harm reduction practices are accepted, valued, and treated with dignity, the following guiding principles should be embedded across all programs and services.

Integrating these principles ensures that all staff, including volunteers, employees, administrators, and board members, share a common understanding of what constitutes a supportive, inclusive, and non-stigmatizing environment.

The following section outlines implementation strategies for each guiding principle to support service providers and management in their engagement with people who use substances.

Harm Reduction

It is important to deliver services in a way that supports and welcomes clients with lived and living experience of substance use. A harm reduction approach helps build rapport and trust with individuals who are often marginalized or discriminated against, thereby creating low-to no-barrier access to care.

Management and Human Resources

- Ensure there is an organizational culture where clients feel safe to talk about harm reduction.
- Ensure staff have a consistent understanding of the policy and implement it in alignment with its intended purpose and principles.
- Require all new hires (staff, student, volunteers) to complete anti-stigma training focused on substance use and harm reduction. All staff must participate in annual refresher training.

Promote ongoing opportunities for education and training on harm reduction to support a shift in organizational perspectives

Service Providers

- Cultivate a welcoming and comfortable environment (e.g., be non-judgemental and listen actively).
- If an individual discloses their experience with substance use and/or harm reduction, respond in an open and supportive manner, recognizing that past experiences may influence the individual's current circumstances and needs.
- Maintain and protect confidentiality (e.g., do not gossip about service users).
- Recognize client needs and facilitate appropriate referral pathways to harm reduction services as needed.

Trauma and Violence-Informed Practice

Management and Human Resources

- Support hiring practices that prioritize candidates with an understanding of the intersection between harm reduction, trauma and violence (e.g., job postings will include a requirement for demonstrated understanding of trauma-informed care).

  Provide training for all staff on the links between trauma, violence, and health outcomes and behaviours—including awareness of vicarious or secondary trauma (e.g., trauma-related symptoms from exposure to trauma stories or experiences of others).
  Support staff engagement in professional development by sharing and promoting participation in trauma and violence-informed practice training sessions, particularly when training content aligns with staff roles and enhances service delivery.

Service Providers

- Acknowledge the potential impact of trauma without asking individuals to disclose personal experiences.
- Recognize that clients come from diverse backgrounds and that trauma may shape their current experiences and responses; listen, believe, and validate experiences with understanding and respect
- Acknowledge and build upon each client's resilience and strengths while acknowledging the impact of their experiences.
- Express genuine concern and care in all interactions to foster trust and connection**.**

Equity & Inclusion

Management and Human Resources

- Create and maintain a workplace that is supportive and judgement-free.
- Set expectations, create opportunities, and provide space for collaborative relationships to be formed between client and service provider (e.g., client feedback loop).
- Report areas where there may be barriers to equal opportunities for PWLLE with substance use and/or harm reduction practices.
- Provide process guidance to claims of systemic stigma towards PWLLE with substance use and/or harm reduction practices.

Service Providers

- Provide choices for care and discuss choices together, supporting person-centered decision-making. Communicate openly, listen actively, and respond respectively to foster understanding and trust without judgement.
- Provide a safe space for clients to express their feelings and emotions freely.
- Listen carefully to the client's words and check in to make sure that you have understood correctly.
- Report incidents of stigma, whether intentional or not, so that appropriate action can be taken.

Collaboration with People with Lived and Living Experience (PWLLE)

Management and Human Resources

- Ensure that the outlined actions are in full compliance by service providers.
- Promote client-centred care as an integral part of organizational culture.
- Facilitate opportunities for PWLLE to inform design and deliver of services/programs where applicable (e.g., engage with the WECHU Substance Use Peer Advisory Committee to gather input on new initiatives).
- Compensate PWLLE fairly for their time and expertise in alignment with best practice guidelines.

Service Providers

- Client-centered care is essential to ensuring conditions that empower and support PWLLE to be safer and healthier, informed and make decisions about the types of services or treatments that best meet their felt needs. Practical steps for incorporating client-centered care include:
    - Establishing a respectful and non-judgemental environment where staff are trained in harm reduction and trauma-informed communication, and assumptions are not made about their substance use, readiness for change or treatment preferences.
    - Involving PWLLE in evaluation and decision-making processes to ensure programs and services respond to population needs.
    - Creating meaningful opportunities for PWLLE to contribute to the design and delivery of substance use prevention, harm reduction, and anti-stigma initiatives.
    - Creating feedback loops so contributors can see how their input has shaped decisions and program development and understand how well their needs are being met.
    - Presenting a full range of options that clearly outline available supports, services, and treatment pathways – avoiding the promotion of a fixed path to treatment and recovery.
    - Obtaining informed consent, presenting information in clear and plain language to ensure clients understand the benefits, risks and alternatives of each option before deciding.
    - Supporting autonomy, by empowering clients to choose services or interventions that align with their values and goals, while also respecting their right to decline services or revisit decisions anytime.

Training

- **Mandatory Participation:** All staff and management who work with or support the care of PWLLE must complete anti-stigma training on an annual basis, or more frequently as needed (e.g., following staff turnover, reported incidents or identified service gaps).
- **Training Content:** Trainings will be grounded in harm reduction and trauma informed principles, with a focus on reducing stigma related to substance use and/or harm reduction practices. Recommended resources – such as those developed by CAPSA (Community Addictions Peer Support Association) – will be used to guide content (see Training & Education Resources).
- **Training Delivery:**
  Trainings may be delivered in various formats, including in-person sessions, live webinars, or pre-recorded e-modules, depending on availability and staff needs.
- **Training Schedule:**
    - **Annually** for all relevant staff
    - **During onboarding** for new hires including staff, volunteers, and students
    - **Following a policy breach** or as part of a corrective action plan

Compliance

Disciplinary action may be taken in cases of repeated non-compliance, such as the use of inappropriate language or engagement in behaviour that may be perceived as stigmatizing. Individuals identified as non-compliant will receive appropriate educational training to support awareness and behaviour change. Relevant education and training materials are available in the Appendices.

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Training & Education Resources

CAPSA Substance Use Health Framework

CAPSA Stigma Ends with Me Webinar (offered at cost)

CCSA CAPSA Overcoming Stigma Through Language

CATIE Anti-Stigma Toolkit

CATIE Harm Reduction Fundamentals: A Toolkit for Service Providers

CAMH Online Stigma Tutorial

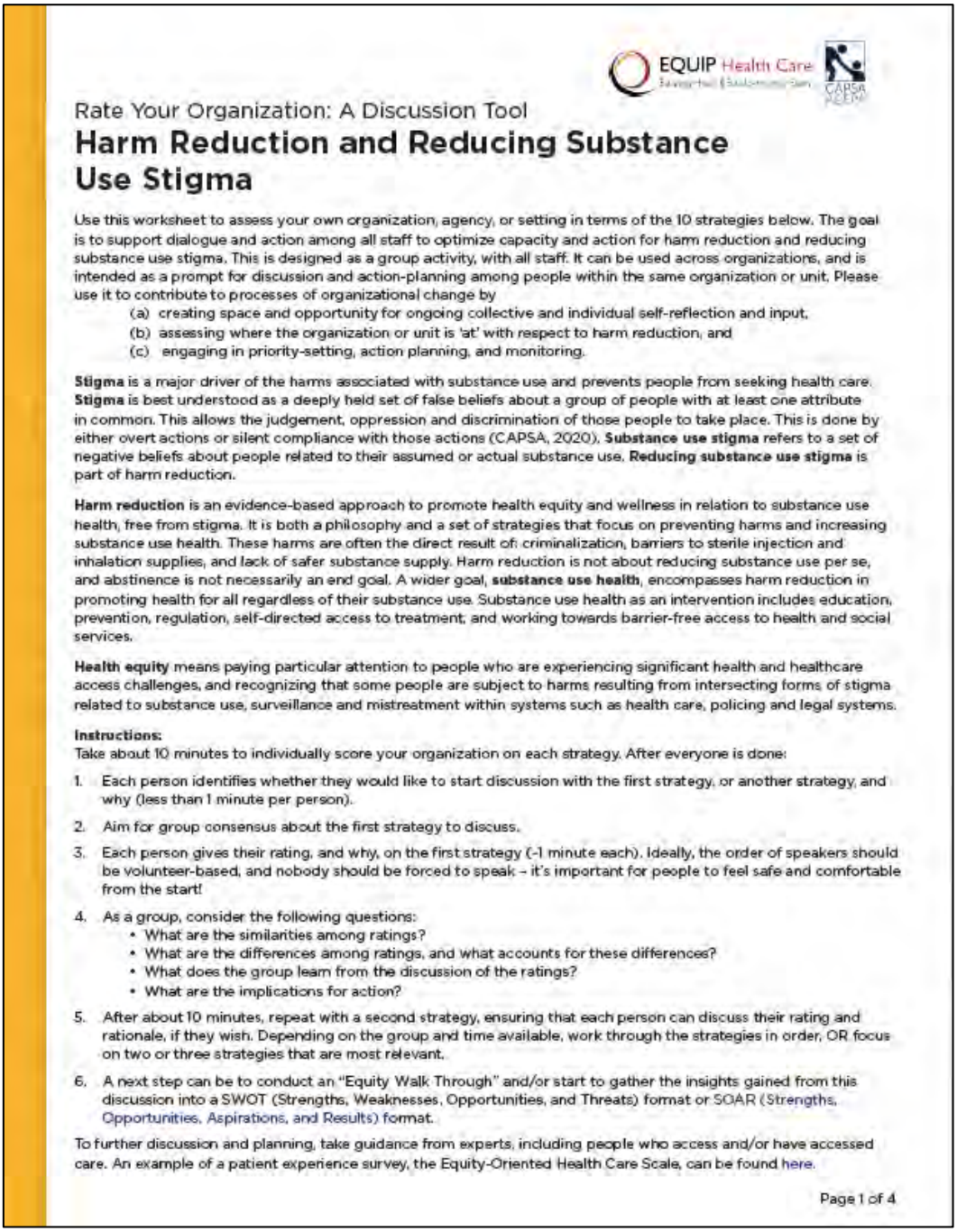
CPHA Challenging Structural Substance Use Stigma Package | Online Delivery

CPHA Challenging Structural Substance Use Stigma Package | In Person Delivery

WECOSS Addressing Stigma E-Modules

Appendices

APPENDIX A: Equip Health Care's Rate Your Organization: Discussion Tool



EQUIP Health Care

Rate Your Organization: A Discussion Tool

Harm Reduction and Reducing Substance Use Stigma

Use this worksheet to assess your own organization, agency, or setting in terms of the 10 strategies below. The goal is to support dialogue and action among all staff to optimize capacity and action for harm reduction and reducing substance use stigma. This is designed as a group activity, with all staff. It can be used across organizations, and is intended as a prompt for discussion and action-planning among people within the same organization or unit. Please use it to contribute to processes of organizational change by

(a) creating space and opportunity for ongoing collective and individual self-reflection and input,
(b) assessing where the organization or unit is 'at' with respect to harm reduction, and
(c) engaging in priority-setting, action planning, and monitoring.

Stigma is a major driver of the harms associated with substance use and prevents people from seeking health care. **Stigma** is best understood as a deeply held set of false beliefs about a group of people with at least one attribute in common. This allows the judgement, oppression and discrimination of those people to take place. This is done by either overt actions or silent compliance with those actions (CAPSA, 2020). **Substance use stigma** refers to a set of negative beliefs about people related to their assumed or actual substance use. **Reducing substance use stigma** is part of harm reduction.

Harm reduction is an evidence-based approach to promote health equity and wellness in relation to substance use health, free from stigma. It is both a philosophy and a set of strategies that focus on preventing harms and increasing substance use health. These harms are often the direct result of: criminalization, barriers to sterile injection and inhalation supplies, and lack of safer substance supply. Harm reduction is not about reducing substance use per se, and abstinence is not necessarily an end goal. A wider goal, **substance use health**, encompasses harm reduction in promoting health for all regardless of their substance use. Substance use health as an intervention includes education, prevention, regulation, self-directed access to treatment, and working towards barrier-free access to health and social services.

Health equity means paying particular attention to people who are experiencing significant health and healthcare access challenges, and recognizing that some people are subject to harms resulting from intersecting forms of stigma related to substance use, surveillance and mistreatment within systems such as health care, policing and legal systems.

Instructions:
Take about 10 minutes to individually score your organization on each strategy. After everyone is done:

1. Each person identifies whether they would like to start discussion with the first strategy, or another strategy, and why (less than 1 minute per person).
2. Aim for group consensus about the first strategy to discuss.
3. Each person gives their rating, and why, on the first strategy (~1 minute each). Ideally, the order of speakers should be volunteer-based, and nobody should be forced to speak – it's important for people to feel safe and comfortable from the start!
4. As a group, consider the following questions:
   - What are the similarities among ratings?
   - What are the differences among ratings, and what accounts for these differences?
   - What does the group learn from the discussion of the ratings?
   - What are the implications for action?
5. After about 10 minutes, repeat with a second strategy, ensuring that each person can discuss their rating and rationale, if they wish. Depending on the group and time available, work through the strategies in order, OR focus on two or three strategies that are most relevant.
6. A next step can be to conduct an "Equity Walk Through" and/or start to gather the insights gained from this discussion into a SWOT (Strengths, Weaknesses, Opportunities, and Threats) format or SOAR (Strengths, Opportunities, Aspirations, and Results) format.

To further discussion and planning, take guidance from experts, including people who access and/or have accessed care. An example of a patient experience survey, the Equity-Oriented Health Care Scale, can be found here.

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EQUIP Health Care

Rate Your Organization: A Discussion Tool

Harm Reduction and Reducing Substance Use Stigma

On a scale of 0 to 10, rate your organization, where 0 = "not at all acting on this strategy", and 10 = "fully acting on this strategy".

1. **Harm reduction is identified as an explicit commitment in mission, vision, or other foundational policy statements of your organization.**

   Harm reduction (non-judgmental, compassionate strategies that support substance use health and reduce harms, it does not preclude abstinence-only approaches) is a strategic priority and leadership is committed to reducing substance use stigma at all levels of the organization. The organization protects people from the potential harm of policing and other social services while accessing services.

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

2. **Supportive structures, policies, processes, and training opportunities are in place or in development to support the commitment to harm reduction.**

   Structures, policies, and processes are in place to support: non-stigmatizing practices; safer substance use; prevention and management of withdrawal; and treatment of a broad spectrum of substance use health concerns. Policies ensure accountability and applicable consequences for all people working in the organization. Staff have knowledge about substance use and are committed to supporting substance use health. They also have knowledge about stigma, potential harms associated with substance use, and are committed to harm reduction approaches. Staff undergo initial (at hire) and ongoing substance use stigma reduction training.

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

3. **Places and spaces are used optimally to make all people feel welcome.**

   A range of strategies are used to make the space welcoming, e.g., quiet rooms or waiting areas, water, snacks. People are supported to access safe spaces and supplies for substance use. Signage that conveys a confrontational tone, expresses judgement of/intolerance for substance use, or depicts stereotypes of people who use substances, is replaced by welcoming, non-violent signage.

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

4. **Time is used in a flexible way to meaningfully engage with people who come for services.**

   Time is used in the best interest of the person accessing services to optimize their experiences. Flexibility is shown with scheduling, timing, and length of appointments, based on understanding that people have multiple, competing priorities.

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

5. **Power differentials are attended to.**

   During interactions with people who come for care, providers understand that they may be perceived as intimidating, and a potential source of systemic stigma, even if they don't mean to be. Providers work to offset any stigma and judgement people might anticipate. All levels of staff, regardless of role, and people who access or have accessed all levels of care, have meaningful input into how services are offered. During interactions with people who come for care, trauma- and violence-informed, non-stigmatizing, anti-racist, and person-first language is used to promote a safe, stigma-free environment.

   0 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ 10

EQUIP Health Care

Rate Your Organization: A Discussion Tool

Harm Reduction and Reducing Substance Use Stigma

On a scale of 0 to 10, rate your organization, where 0 = "not at all acting on this strategy", and 10 = "fully acting on this strategy".

6 **Programs, services and resources are tailored to local contexts.**

Context refers to the broader cultures, structures, political, economic and legal systems, and the local history of a particular place. With respect to providing substance use health care, this means knowing and adapting services to the patterns of legal and illegal substance availability, prescribing patterns, policing and child apprehension practices, and harm reduction, prevention, and substance use care resources available.

7 **Racism and discrimination are actively countered.**

Staff members actively counteract stigma based on substance use or perceived use, or assumptions about race, age, gender, sexuality, ability, etc. Regardless of intentions of providers, complaints or reports of discrimination are taken seriously, and acted upon.

8 **People with experiences of substance use stigma and community leaders are meaningfully engaged in strategic planning decisions.**

Input from those using harm reduction services and other substance use health-related care, including people who have experienced substance use stigma, is routinely sought in authentic and safe ways (e.g., through anonymous surveys, confidential conversations, consultation) and acted upon in planning and delivering care. Such engagement is supported with resources.

9 **Services and programs are tailored to address inter-related forms of violence, including violence in the past that continues to exert effects in the present.**

Substance use health issues are often (but not always) related to histories of violence with traumatic effects (including racial violence, child abuse and sexual or intimate partner violence), and ongoing structural violence (such as imprisonment, systemic racism, absolute poverty, homelessness, colonialism, etc.). Culturally safe, trauma- and violence-informed approaches are integrated throughout all services.

10 **Services and programs are tailored to address the social determinants of inequity and harm.**

Circumstances of peoples' everyday lives have major impacts on health, including, for example, access to affordable, safe housing, food security, income level above the poverty line (social assistance/disability incomes are not), and interactions in the social world that are respectful and non-stigmatizing. Service providers acknowledge these inequities, tailor services and advice to people's circumstances and substance use health goals, and support wider social change toward equity.

APPENDIX B: Lexicon Of Non-Stigmatizing Substance Use Language

**For more non-stigmatizing terms click the link above*

Terms Related to People with Lived or Living Experience of Substance Use

TOPIC	AVOID THESE STIGMATIZING TERMS	ALTERNATIVE NON-STIGMATIZING TERMS	BACKGROUND/RATIONALE
People Who Use Substances	– drug users – drug abusers	– people who use substances – people who actively use drugs – people with a substance disorder (context dependent)	– Not everyone who uses substances, including in ways that cause social or physical harms, has a substance use disorder, so the use of this language depends on the context.
	– addicts	– people living with a substance use disorder – people with living experience of a substance use disorder	
	– injectors	– people who inject drugs	– Substance use-related stigma varies by many factors, including substance and methods of use. Since injection is more stigmatized than other methods of substance use,[1] the label "injectors" conveys greater prejudice.
	– alcoholics	– people with alcohol use disorder	
	– binge-users – binge-drinkers	– people who engage in heavy episodic drinking	
	– recreational substance users	– people who use substances for non-medical reasons (in some contexts) – people who occasionally use substances (in some contexts)	– "Recreational" implies that substance use is something people choose to do "for fun". "Recreational substance user" to denote someone who uses substances outside of a medical context can be stigmatizing to people with substance use disorders. This term downplays the seriousness of substance use disorders as a medical condition and doesn't reflect the fact that many people self-medicate with substances to manage physical and/or emotional pain. – "Recreational substance use" can be used to describe non-problematic contexts of substance use (e.g., having a few drinks with friends in social gatherings, occasional use of cannabis among adults, etc.), though are better described using terms like "occasional" or "non-medical", depending on the intended meaning. When referring to a person who engages in this form of substance use, it is always best to use person-first language.

TOPIC	AVOID THESE STIGMATIZING TERMS	ALTERNATIVE NON-STIGMATIZING TERMS	BACKGROUND/RATIONALE
People Who Have Used Substances	– former drug addicts – ex-addicts	– people with lived experience of substance use [disorder] – people who have used substances – people who formerly used substances – people who have a history of substance use	
	– recovering addicts	– people in recovery [from a substance use disorder]	– Being in recovery from a substance use disorder can, but does not have to mean, abstinence from substances.
	– former alcoholics	– people with lived experience of alcohol use disorder	
	– [reference to a person being] clean		

Terms Related to Substance Use Behaviours

TOPIC	AVOID THESE STIGMATIZING TERMS	ALTERNATIVE NON-STIGMATIZING TERMS	BACKGROUND/RATIONALE
Substance Use	– substance abuse – substance misuse – substance habit	– substance use – substance use disorder (in some contexts)	– "Misuse" and "abuse" and "habit" are highly stigmatizing as the terms express judgement, and suggests deliberate misconduct or a moral failing. – Not everyone who uses substances has a substance use disorder, so the use of these terms will be appropriate only in cases where it is medically accurate.
	– alcoholism	– alcohol use disorder	– The current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) lists "alcohol use disorder" as a type of substance use disorder, replacing "alcohol abuse" and "alcohol dependence". Alcohol use disorder is a medical condition with various sub-classifications that can be diagnosed using specific criteria. Though still widely used, the term "alcoholism" is decreasing in use in both clinical and policy contexts internationally, since it lacks a common language to describe the continuum of heavy drinking behaviours.

APPENDIX C: How to Intervene When Confronted with Stigma

How to intervene when confronted with stigma

WHEN YOU HEAR...	YOU COULD SAY...
"When I see those addicts downtown, I can't imagine why they don't do something about their lives. You'd think they'd show a little self-respect; it's disgusting how they choose to live."	"What someone suggested to me was to imagine a child in front of me who had done their very best. Then ask myself what problems they must have encountered as they grew up, and be dealing with today, to be suffering so much. Once I started doing that, it struck me that they must be leading a life they never imagined. I wonder if there is something we can do to help? At the very least, we can offer our respect for their humanity and use person-first language."
"Well, I see Fred's finally back at work. It's been 28 days, so it's a no-brainer where he's been. I wouldn't have the nerve to show my face if they had to send me to detox. He must be really desperate for money to have come back. Keep an eye on your stuff."	"I was worried about Fred's health as well. I read up on substance use disorders so I could have a better understanding of what he's going through. Did you know that stigma is one of the largest barriers to getting help? I think that's why the company has medical benefits that cover substance use disorders to support them in getting help, so we don't lose valuable employees to a health condition. I'm going to make a point of welcoming Fred back to work to help encourage him."
"I don't know what Suzy was thinking last night. The last thing she said to me before the party was that she had to get home early to get her kids. Then there she was smashed, refusing to leave and it was embarrassing to be seen with her."	"It sounds to me like Suzy was thinking about her family and responsibilities. I was concerned about her health. I read some material on substance use disorders and one of the indicators is losing the ability to act according to personal values. This inability may be a sign of a serious health issue. I'm going to share some information with her, as well as my concerns for her well-being."

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