# Addicts PIC

### PIC

#### Counterplan Text: I advocate the entirety of the affirmative absent their use of the word “addict”.

#### “Addict” empirically reinforces the stigma’s they seek to solve and dehumanizes those suffering from addiction.

Cortina, S. C., RN, BSc, BSN, MPH (2013). Stigmatizing Harm Reduction Through Language. Journal of Addictions Nursing, 24(2), 102–107. doi:10.1097/jan.0b013e3182929466 ///AHS PB

Cultural narratives of addiction are believed to help shape our understanding of the condition by giving us cues into its most striking attributes. According to Small et al. (2004), these traits become validated over time and form our most automatic depictions about addiction such as addiction is choice, drugs make people dangerous, and ‘‘addicts’’ are to blame for their lifestyles. Moreover, it has been suggested that addiction’s dominant stereotypes create an emotional response that dehumanizes people who use drugs. When prompted with the word ‘‘drug addicts,’’ for example, Harris and Fiske (2006) found a decrease in cerebral activation of study subjects when compared with the cerebral activity associated with words representing other social groups. The process of addiction stigma, they argued, was both psychological and emotional. By virtue that the most immediate depictions of drug users are characteristically devalued in society, people would emotionally disconnect themselves from a group they subconsciously dehumanized. Collectively, it can be argued that the stereotypes of the drug user group act to stigmatize and cause the perception that people who use drugs are less human and undeserving of necessary health services. In the case of InSite, opposition rooted in the emotional reaction to ‘‘addict’’ portrayals may have contributed to its initial resistance (Des Jarlais, Arashteh, & Hagen, 2008). The survival of addiction stigma reflects the enduring use of ‘‘gut reaction’’ language that depicts the dominant typecasts of addiction (Small et al., 2004). Arguably, the most immediate and stigmatizing term in addictions discourse is the word ‘‘addict.’’ Just one word, it acts to reduce the humanity of people who use drugs and the harm reduction services that argue ‘‘addicts’’ are people too. STIGMA Goffman (1963) defined stigma as an ‘‘attribute that is deeply discrediting’’ and reduces the person ‘‘from a whole and usual person to a tainted, discounted one’’ (p. 3). According to Goffman, when an individual possesses attributes that deviate from a group’s social norm (e.g., a doctor who uses illicit drugs), they fall short of the group’s expectation and experience shame. This description, however, solely placed the origins of stigma in the bodies and identities of those ostracized (Fine & Asch, 1988). Later conceptualizations of stigma would acknowledge the influence of social context in determining how people construct categories and assign stereotypes (Crocker et al., 1998). Link and Phelan (2001) describe stigma as an outcome of psychological events that take place when power inequities exist between two people or groups. Stigma initially starts when people with more power distinguish other’s undesirable differences with labels. Subsequently, this elicits culture’s most dominant beliefs about the labeled group that are not identifiable to those with more power. In turn, this generates a separation of ‘‘us’’ versus ‘‘them,’’ with the latter experiencing a loss in status. The Language of Labeling Labeling has been identified to be the first step of the stigmatization process (Link & Phelan, 2001). According to labeling theory, societal agents of control have the power to label and assign identities to individuals who hold less relative power (Becker, 1963; Scheff, 1966). By virtue that nonstigmatized groups hold more power in society, they also have the inherent ability to imbue the dominant stereotypes of that identity onto society. The perpetuation of stigma through labels was first acknowledged in disability discourse, when ‘‘handicapped’’ and ‘‘disabled’’ were commonly used terms. As descriptors that emphasize people’s differences, it was realized how these words act to reduce the totality of a person to the dominant narratives that stigmatize their diagnosis. A more appropriate term would therefore connote an individual’s humanity foremost and condition a mere feature of their total myriad of characteristics. The use of the more appropriate expression of ‘‘a person with a disability’’ was therefore campaigned (Kailes, 1985). Diagnoses in medicine often involve the process of classifying and attaching an illness label onto a patient. Standardized definitions of illness came out of the need to reliably compare international death rates (McPherson & Armstrong, 2009). During a time when communicable diseases contributed the largest burden of global illness, the identification of diseases was straightforward, differentiated by the presence or absence of a pathogen. In psychiatry and addictions, however, no such external culprit exists. Rather, diagnoses are based on the elicitation of symptoms, and behaviors are interpreted to have an internal cause. As psychiatric illnesses and their ‘‘diseased’’ attributes became internalized, patients were subsequently regarded to be the thing they are diagnosed (Estroff, 1989). For example, rather than describing people as having schizophrenia, they are often referencedVand therefore labeledVas ‘‘schizophrenics.’’ The perpetuation of stigma through this practice is especially revealing when we consider illnesses such as cancer or hepatitis where people are described as having cancer or hepatitis (Link & Phelan, 2001). Challenging the use of labels has subsequently become central to many anti-stigma efforts (Substance Abuse and Mental Health Services Administration, 1996). Interestingly, ‘‘addict’’ lacks the same attention and challenge for change. This is especially concerning when we understand the word’s stigmatizing connotations. In language, ‘‘drug addict’’ has been found to elicit the first impressions: disoriented, behavioral problems, and low class (Dean & Rud, 1984). Similarly, ‘‘dangerous’’ and ‘‘blameworthy’’ have also been found to be dominant terms used to describe people who use drugs (Corrigan, Kuwabara, & O’Shaughnessy, 2009). The term can elicit varying levels of stigma, however. For example, stigma has been found to be greater when associated with illicit drugs and the people who use them (Cunningham, Sobell, & Chow, 1993; Finnigan, 1996). As well, there exists a greater stigma toward people who inject drugs (Brener, Hippel, Kippax, & Preacher, 2010). The lack of effort to challenge the word ‘‘addict’’ has enabled its social acceptance in language without consideration to its role in dehumanizing people experiencing addiction. In news media, its use by ‘‘unbiased’’ reporters has almost become habitual. Consider this introduction to an SIS story in a prominent Canadian newspaper: ‘‘A much-anticipated study released Wednesday recommended three sites be set up for addicts to use drugs like heroin in a clean, supervised environment’’ (Poisson, 2012, para. 2). News stories are often organized by a number of different framing structures or arrangements of information that reduce information processing efforts by developing mental images (Fiske & Taylor, 1991). Within addiction news, the most common structure is syntactical, which draws attention to an article with a sensational headline and then uses an ‘‘inverted pyramid’’ to draw attention to pertinent issues in the beginning of the story (Pan& Kosicki, 1993). One can therefore imagine the impact of ‘‘addict’’ headlines or repeated use of the word in leading paragraphs. Stepney (1996) argues that the media’s use of ‘‘addict’’ is not value free. It often implies individual responsibility and relates drug use to be a behavior of no worth. Consequently, addiction is depicted as problematic and represented in a way to express disapproval (Stepney, 1996). Media also serves as a significant source of information about addiction. The consistent use of ‘‘addict’’ by regarded news sources can therefore play a role in cultivating and perpetuating addiction stigma (Wahl, 2004). More concerning, however, is the use of ‘‘addict’’ by professionals who advocate against stigma. Although used naively, messages can become confusing when elicited stereotypes are incongruent to the larger goal of depicting addiction’s humanity. In a recent editorial to the Canadian Medical Association Journal, one physician calls for health professionals to challenge traditional attitudes as a means to guide public perception that addiction is an illness (Stanbrook, 2012). Despite these arguments to confront stereotypes, the author consistently uses ‘‘addict’’ to reference people with addiction, even titling the article, ‘‘Addiction is a disease: We must change our attitudes towards addicts.’’