

# Stigma, Antiracism, Compassion and Trauma-Informed Caring: Have Courage and Be Kind!

Olivia Cole, Dwylisha “Lili” Foster, Masitsa Muhanji, Jenny Lau – Amazing Women and Mothers  
in Recovery

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Hendree Jones, PhD – Professor & Executive Director UNC Horizons, OB/GYN, UNC Chapel Hill



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# Disclosure Information (Required)

- ◆ Olivia Cole, Dwylisha “Lili” Foster, Masitsa Muhanji, Jenny Lau
  - ◆ No Disclosures
- ◆ Vania Rudolf, MD MPH DFASAM – Addiction Recovery Services, Swedish Medical Center
  - ◆ No Disclosures
- ◆ Hendrée E. Jones, Ph.D. – Professor & Executive Director UNC Horizons, OB/GYN, UNC Chapel Hill
  - ◆ No Disclosures

# Learning Objectives

- ◆ Identify at least three ways you can incorporate stigma-free, compassionate, race-equitable and trauma-informed care in your practice
- ◆ Practice using person-first language in your discussions about patients who have substance use disorders
- ◆ Define anti-racism and name two ways you can practice anti-racism with patients

# Defining Terms

- ◆ Stigma-free
- ◆ Compassionate
- ◆ Race-equitable
- ◆ Trauma-informed
- ◆ Person-first language
- ◆ Anti-racism



# History

1800's-  
now

- Intersection of women, race and drugs to drive policy

1960's-  
70's

- Nixon era - War on Drugs/Criminal Justice Response

1980's-  
90's

- The “crack baby”

# Recent History

Between 2000 and 2011

**1 in 17**

white children



**1 in 9**

Black children



**1 in 7**

American Indian  
children

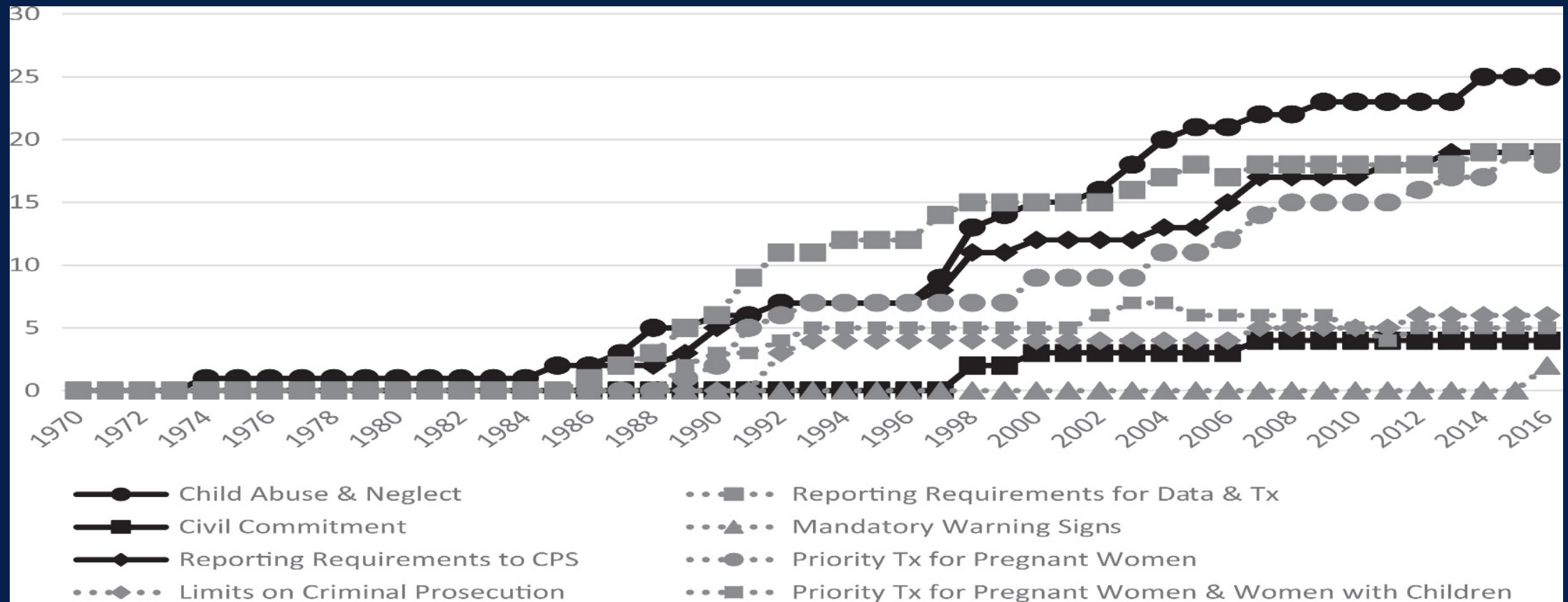


**had been removed from their parents' care.**

<https://www.movementforfamilypower.org/ground-zero>; Christopher Wildeman & Natalia Emanuel, Cumulative Risks of Foster Care Placement by Age 18 for U.S. Children, 2000–2011, 9 PLoS ONE e92785 (2014).

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# Where Does Stigma Show Up? In Policies



# Structural Racism

Structural racism—how societies foster racial discrimination through mutually reinforcing systems<sup>4</sup>—violates the human rights of minoritized people.

Anti-racist steps are needed to remedy structural racism in medicine.

Recognize racism, not race, as a root cause or driver of health inequities and the establishment of systems that collect and disaggregate health outcome data by race and ethnicity as well as how racism may be operating (eg, discrimination, not meeting required standards of care) can be used as the basis for community-engaged quality improvement in health-care settings.

Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequalities in the USA: evidence and interventions. *Lancet*. 2017;389:1453–1463. [

Gee GC, Ford CL. Structural racism and health inequities. *Du Bois Rev*. 2011;8:115–132.

Crear-Perry J. Race isn't a risk factor in maternal health. Racism is. *Rewire News*. April 11, 2018 <https://rewire.news/article/2018/04/11/maternal-health-replace-race-with-racism/> [

Boyd RW, Lindo EG, Weeks LD, McLemore M. On racism: a new standard for publishing on racial health inequities. *Health Affairs Blog*. July 2, 2020 <https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/>



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# How to Eliminate Stigma and Racism

Learn more

Speak out

[The JJ Way®](#)

Keep hope alive

Treat people with dignity

Think about the whole person



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# Use Person First Language

Stigmatizing Language	Preferred Language
abuser	a person with or suffering from, a substance use disorder
addict	person with a substance use disorder
addicted infant	infant with neonatal abstinence syndrome (NAS)
addicted to [alcohol/drug]	has a [alcohol/drug] use disorder
alcoholic	person with an alcohol use disorder
clean	abstinent
clean screen	substance-free
co-dependency	term has not shown scientific merit
crack babies	substance-exposed infant
dirty	actively using
dirty screen	testing positive for substance use
drug abuser	person who uses drugs
drug habit	regular substance use
experimental user	person who is new to drug use
lapse / relapse / slip	resumed/experienced a recurrence
medication-assisted treatment (MAT)	medications for addiction treatment (MAT)
opioid replacement	medications for addiction treatment (MAT)
opioid replacement therapy (ORT)	medications for addiction treatment (MAT)
pregnant opiate addict	pregnant woman with an opioid use disorder
prescription drug abuse	non-medical use of a psychoactive substance
recreational or casual user	person who uses drugs for nonmedical reasons
reformed addict or alcoholic	person in recovery
relapse	reoccurrence of substance use or symptoms
slip	resumed or experienced a reoccurrence
substance abuse	substance use disorder

# Relationally-Oriented Recovery Support

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## *Include:*

- Flexible treatment schedule
- Family/dependent care resources
- Couple, family and child therapy/services
- Coordinating children's services with mother's
- Parenting development and support
- Feminine-identified supports and role models
- Women-only recovery-oriented spaces



# Next Steps

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1. Take the person-first language pledge

*From this day forward I will use person-first language in all of my interactions with patients, colleagues and the public*

2. Name one thing you can implement quickly within your organization, practice, provider community to better support women in recovery and actively eliminate stigma

## Yes, We Can!



# Yes, We Can!

