

May 14th, 2021

Good morning Senator Deschambault, Representative Warren, and members of the Criminal Justice and Public Safety Committee,

My name is Courtney Allen. I am the Policy Director of the Maine Recovery Advocacy Project (ME-RAP). I am here today to testify on behalf of our network in favor of LD 1588: Resolve, To Convene a Working Group to Identify and Find Replacements for Certain Stigmatizing References throughout the Maine Revised Statutes and Government Publications.

This resolve is actually pretty straight forward. We are requesting that the committee direct the Department of Corrections to convene a working group to identify and replace stigmatizing references to people who are incarcerated or who use drugs throughout the Maine Revised Statutes and other government publications. After speaking with a wider coalition of recovery advocates, I do have a proposed amendment that I am hopeful the sponsor and committee will consider.

In line 5 of the resolve, I am proposing that the committee add "and other stigmatizing language deemed appropriate by the working group," following the words "drug user". This amendment is proposed with a desire to ensure that the working group has the authority to review all stigmatizing language that may exist throughout the Maine Revised Statutes and Government Publications and propose alternative language. I have provided the committee the exact language changes in my written testimony.

**Sec. 1.** Convene working group. Resolved: That the Department of Corrections shall convene a working group, referred to in this resolve as "the working group," to review the use of the following terms in the Maine Revised Statutes and executive branch rules, forms, policies and publications: "convict," "offender," "inmate," "prisoner" and "drug user," and other stigmatizing language deemed appropriate by the working group, collectively referred to in this resolve as "the terminology."

We do know that this work has already begun within the Department of Corrections and we applaud Commissioner Randy Liberty for his leadership on this matter. This resolve hopes to take that work and build upon it. In 2020, after convening a multi-disciplinary work group that was made up of Officers, Supervisors, Deputy Wardens and Behavioral Health Providers, Commissioner Liberty directed the DOC to undergo many of the language changes that we are proposing in this resolve, in a recognition that language matters, and words have the power to shape perceptions and influence behaviors.



As one of my favorite researchers, William White, once said "Words have immense power to wound or heal... The right words serve as catalysts of personal transformation and offer invitations to citizenship and community service. The right words awaken processes of personal healing, family renewal, and community and cultural revitalization. The wrong words stigmatize and disempower individuals, families and communities."

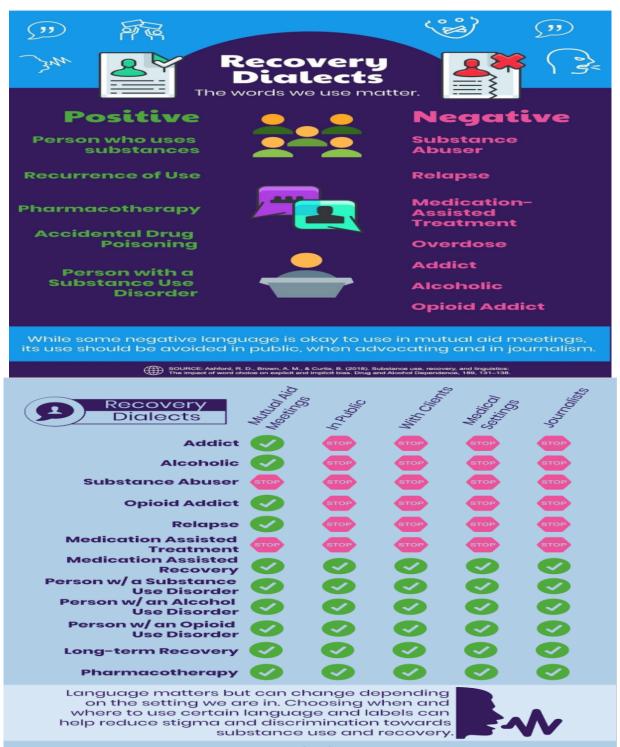
I am happy to answer any questions of the committee and have attached references to extensive research on this matter and an email from the Commissioner outlining the policies of the DOC in regard to language to my written testimony. I hope that you will vote ought to pass and provide the work group with an opportunity to come back before your committee.

Sincerely,

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295 Water St. Augusta, Maine 04330





From: Liberty, Randall < <a href="maintenant-serif">Randall.Liberty@maine.gov</a>>

**Sent:** Monday, November 16, 2020 10:56 AM

To: All Corrections List < AllCorrectionsList@maine.gov>

**Subject:** Language Matters

#### Good Morning,

At the Maine Department of Corrections, we continually strive to be on the cutting-edge of best correctional practices. We accomplish this by ensuring that our professional development opportunities are recent and relevant, our policies reflect modern best practices, and our programming interventions have the intended outcomes to assist our residents in their success. It is our objective to have a positive public perception about our staff, our work, and our outcomes.

In keeping with this effort, we have been focusing on the language used across MDOC, and across corrections in general. Language holds power and shapes beliefs. Many of us continue to use some of the language and phrases in our work that we used decades ago, even though the job, responsibility, and goals have often changed. As an example, I occasionally hear the phrase "Guard" rather than "Officer". Several months ago, we formed a multi-disciplinary work group that was made up of Officers, Supervisors, Deputy Wardens and Behavioral Health Providers. As we look ahead to 2021, the MDOC will be implementing several of their recommended changes to the language and concepts we use to describe our work. Our language will be person-centered and respectful.

Beginning in December 2020, we will begin referring to the individuals in our correctional facilities as "residents." Long Creek will utilize their current reference of "juvenile resident," while the adult facilities shift away from "prisoner," "inmate," or other previously used references towards "adult resident." Additionally, community corrections will affirm their practices of referring to the individuals under their supervision as "clients," juvenile or adult. Additionally, we are making the following shifts in language:

- Substance abuse will be replaced with substance use,
- Sex offender will be replaced with person with problem sexual behavior,
- Mentally ill will be replaced with person will mental illness;

These changes are just a few examples of what will come, and will be phased into our MDOC policies as revisions occur, our MDOC trainings, and our communications, across 2021.

Language matters, and words have the power to shape perceptions and influence behaviors. As we strive to be professionals, focused on improving lives and ensuring public safety, we will recognize all individuals as persons first, and we will encourage each other to be professional and respectful in all of our communications.

Thank you for your continued support of the MDOC mission, for your dedication to public safety, and your commitment to each other.

## The Power Of Language

Courtney Allen & Kayla Kalel

## **Courtney Allen**

- Policy Director at Maine Recovery Advocacy
   Project
- Augusta Maine At-Large City Councilor
- Graduate student at the Muskie School of Public Service for a MA in Public Policy
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## Kayla Kalel

- Student at the University of Maine,
   Augusta studying the intersections of sustaining communities, harm reduction, and criminal justice reform
  - Vice President of the Garden Club
    - Research in stigma reduction through gardening
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### **Words Have Power**



"Words have immense power to wound or heal... The right words serve as catalysts of personal transformation and offer invitations to citizenship and community service. The right words awaken processes of personal healing, family renewal, and community and cultural revitalization. The wrong words stigmatize and disempower individuals, families and communities (White, 2014)."

- William White, Author and Recovery Advocate

### **Substance Use Disorder**

(American Psychiatric Association, 2013)

A diagnosis based on evidence of impaired control, social impairment, risky use and pharmacological criteria

Spectrum of symptoms from mild, moderate to severe

## **Criteria of Substance Use Disorder**

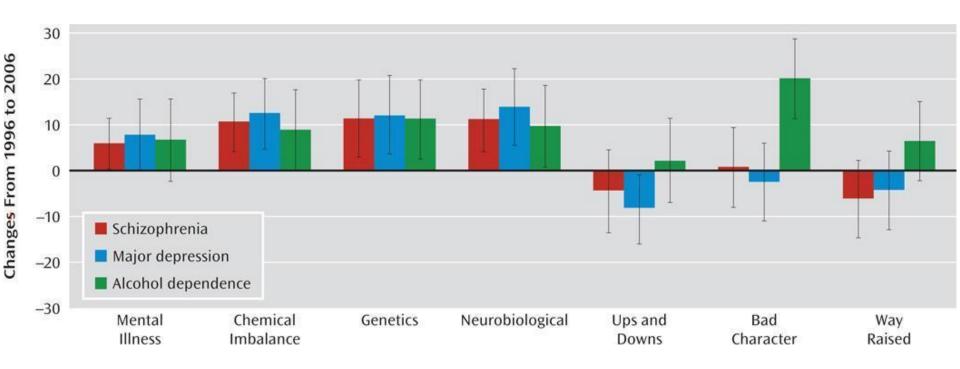
(American Psychiatric Association, 2013)

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

- 1. Taking the substance in larger amounts or for longer than you're meant to.
- 2. Wanting to cut down or stop using the substance but not managing to.
- 3. Spending a lot of time getting, using, or recovering from use of the substance.
- 4. Cravings and urges to use the substance.
- 5. Not managing to do what you should at work, home, or school because of substance use.
- 6. Continuing to use, even when it causes problems in relationships.
- 7. Giving up important social, occupational, or recreational activities because of substance use.
- 8. Using substances again and again, even when it puts you in danger.
- 9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
- 10. Needing more of the substance to get the effect you want (tolerance).
- 11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

## A Disease Like Any Other?

(Pescosolido, Martin, Lonh, & Medina, 2010)



Despite increased agreement that alcohol addiction is a disease more people viewed it also as due to "bad character".

## Recovery

(SAMSHA, 2012)

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

## **Pillars of Recovery**

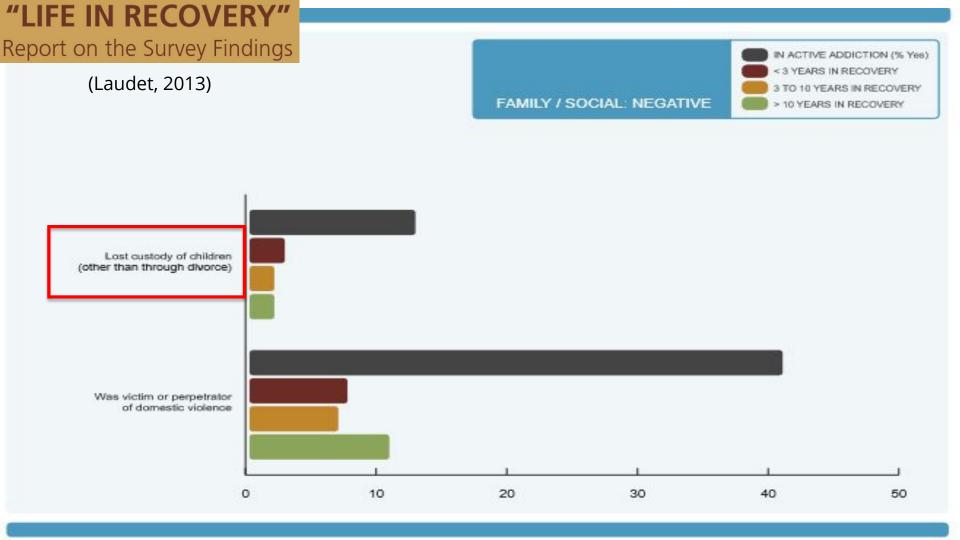
(SAMSHA, 2012)

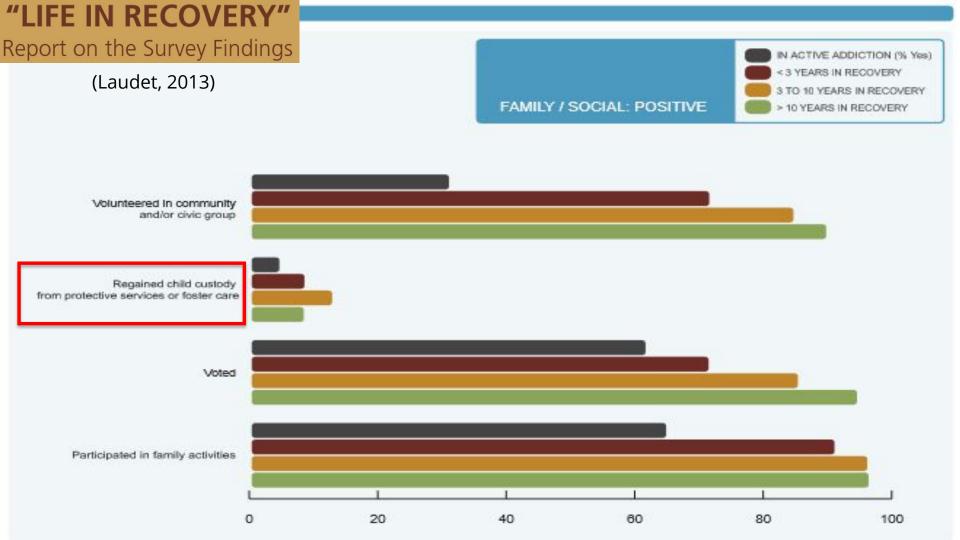
Health: overcoming or managing one's disease(s) or symptoms... and making informed, healthy choices that support physical and emotional wellbeing

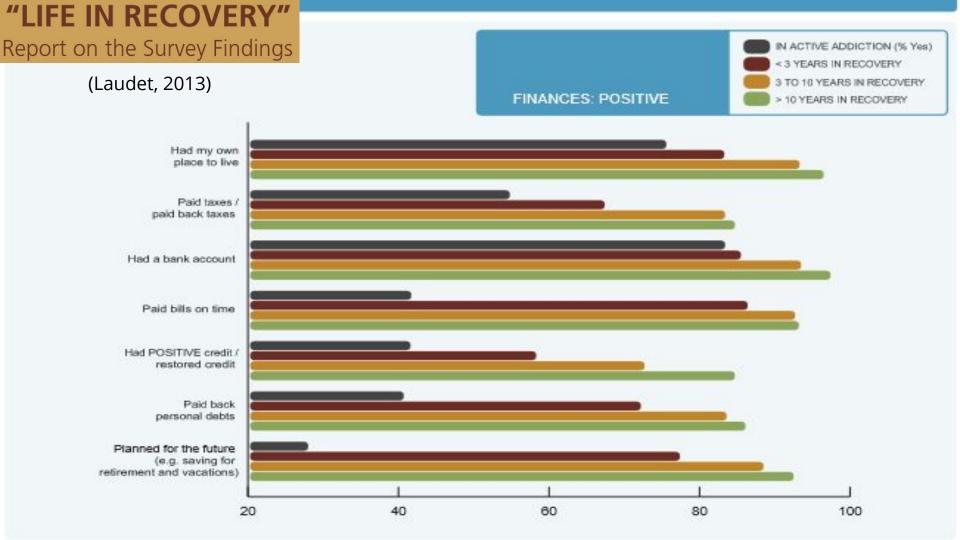
**Home**: a stable and safe place to live

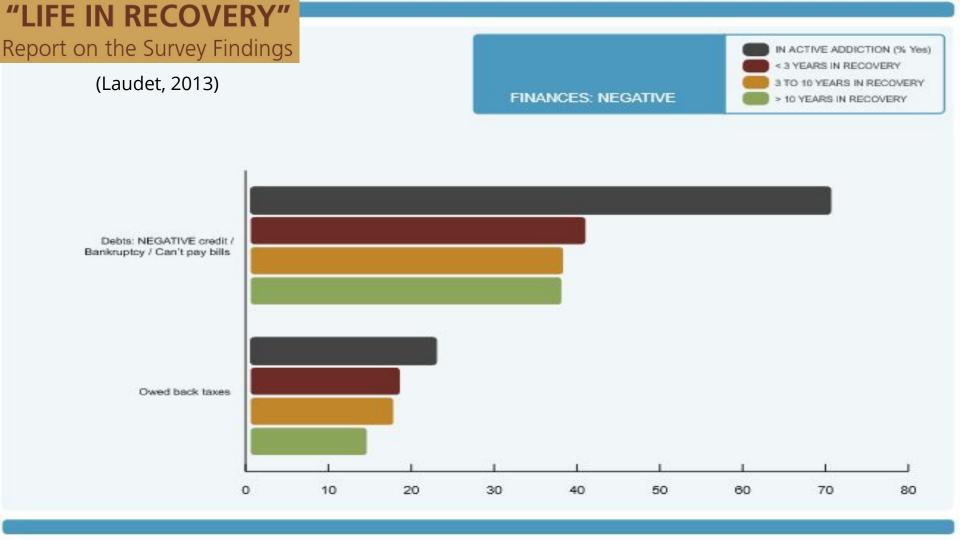
**Purpose:** meaningful daily activities (e.g job, school, volunteerism, etc.) and the independence, income and resources to participate in society

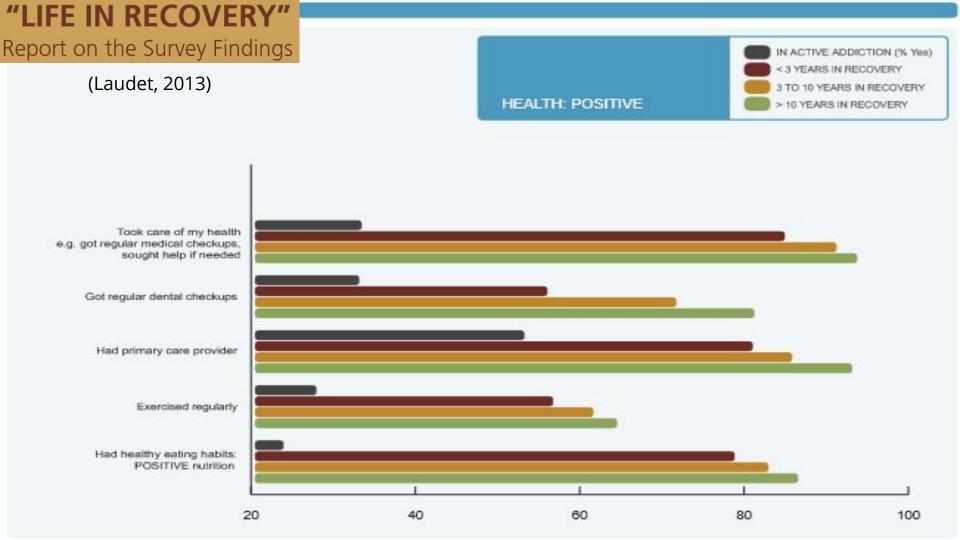
**Community:** relationships and social networks that provide support, friendship, love and hope

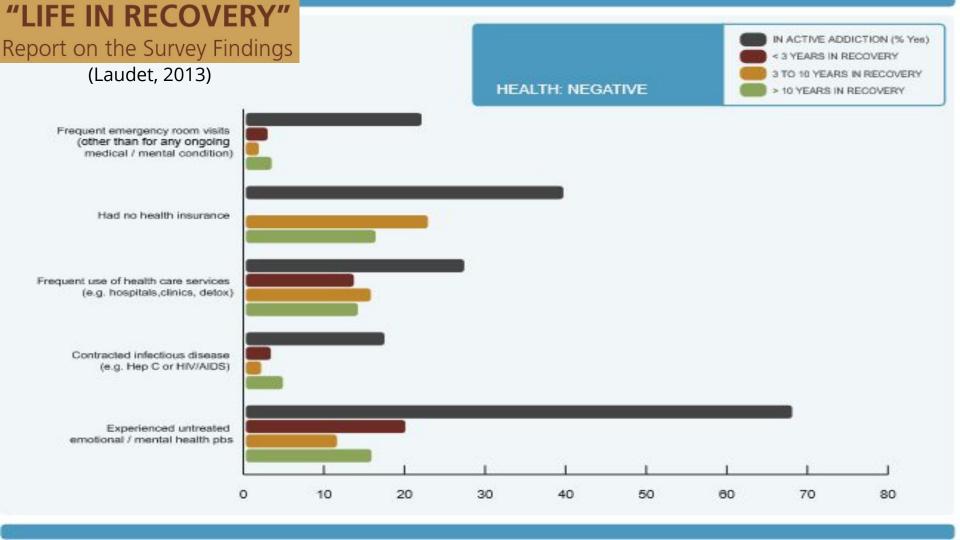


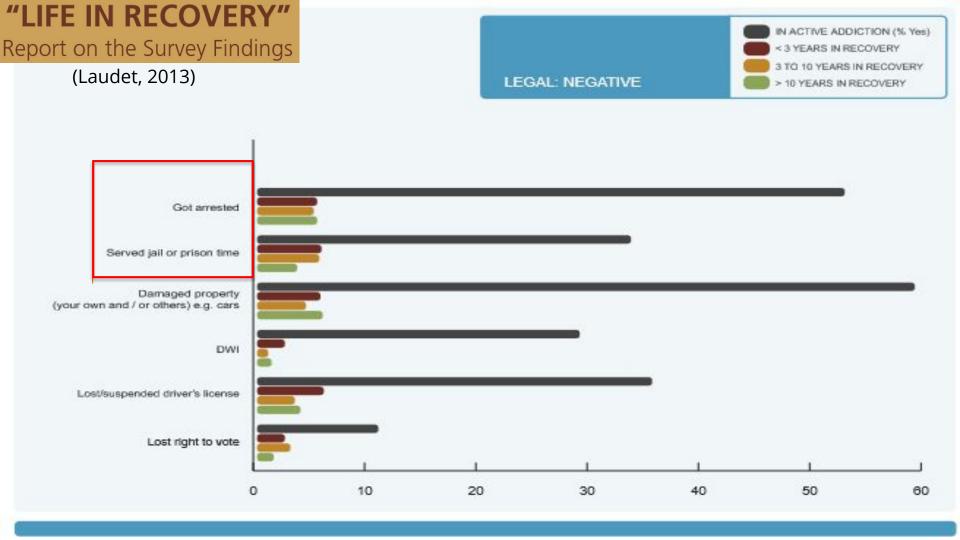


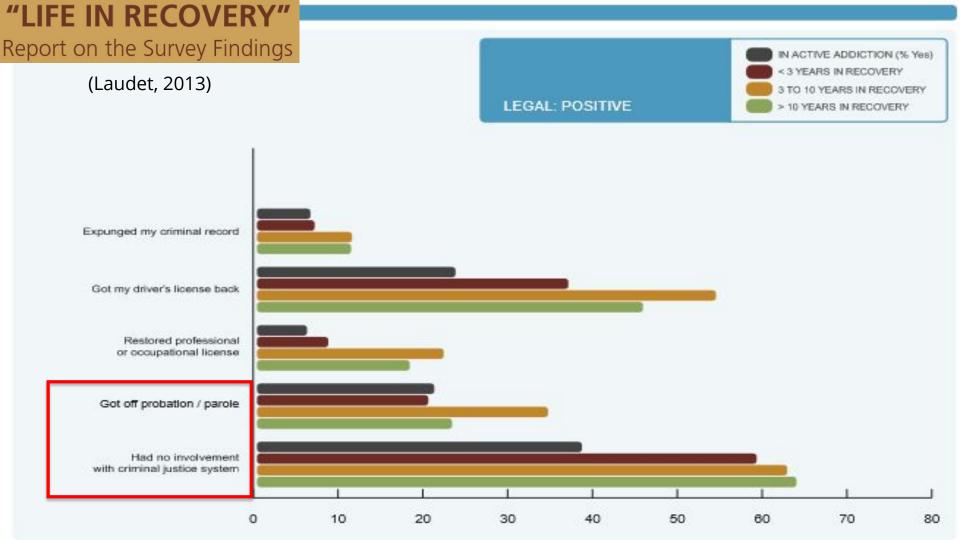












### **COMMUNITIES RECOVERY-READY**

#### **RECOVERY SUPPORT**

Access to supportive environments and the many pathways to enhance recovery for both individuals and communities

#### **EMPLOYMENT**

Job-readiness training for those in recovery combined with opportunities to gain stable and gainful employment to further support those in recovery

#### **EDUCATION**

Ensure equitable and fair access to educational opportunities, including recovery high schools and collegiate recovery

#### **PREVENTION**

Utilization of evidence-based prevention and early intervention strategies to ensure youth and the public understand the dangers of substance use and where to find help if struggling

#### treatment as indicated for the individual, not the



**TREATMENT** 

Equitable and affordable

access to evidence-based

masses

to harm reduction services like syringe access programs, safe consumption facilities and "standing orders" for naloxone training and access to the drug

Increased and open access

#### **JUDICIAL & LAW ENFORCEMENT**

Sustaining programs like problem-solving courts, law enforcement-assisted diversion, jail-based SUD treatment and oversight to ensure best-practice adherence

#### HOUSING

Increased opportunities to meet the need for supportive, safe and accountable housing for those entering recovery and sustaining long-term recovery

(Young People in Recovery, 2019)

## it becomes their identity.

When you identify someone as something,

## Stigma

### 'stimgə/noun:

## A mark of disgrace associated with a particular circumstance, quality, or person

- Reduces a person to nothing more than their difficulties
- Leads systems to withhold appropriate services (effectively changing stigma and discrimination, discrimination based on disability is illegal)
  - Robs people of possible life opportunities
  - Exposes people to preventable traumatic experiences

## Connotation

An emotional and imaginative association surrounding a word; a meaning given to a word through its use in a society or culture

## What do these words mean?



## **Addict**

Recovery

Person



## Implicit Bias

Subtle cognitive process that influences decision making below the conscious level

# Does it matter how we refer to individuals with substance related conditions?

(Kelly & Westerhoff, 2010)

**Study Population:** 516 mental health care providers, two-third of which had doctoral-level degrees, attending two mental health/addiction-focused conference in October 2008

**Methods:** Two surveys - "substance abuser" vs. "substance use disorder"

#### "Substance Abuser"

Mr. Williams is a <u>substance abuser</u> and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a substance abuser for the past few years. He now awaits his appointment with the judge to determine his status.

## **Abuser**

a person who uses something to bad effect or for a bad purpose. "notorious abusers of the English language"

a person who makes excessive and habitual use of alcohol or drugs, especially illegal ones.

"a chronic cocaine abuser"

a person who treats another person or animal with cruelty or violence, especially regularly or repeatedly.

"abusers often control the victim's access to friends and family"

## Mr. Williams is a substance abuser.

(Kelly & Westerhoff, 2010)

- Significantly more likely to be in agreement that he was responsible for his condition
- More likely to agree he deserved punishment
- Believes that he should self-regulate, is violent and the solution to his problem is a spiritual advisor (i.e. moral problem)

"His problem is caused by a reckless lifestyle"

"He's responsible for his problem."

"He makes poor decisions."

"He should have just avoided using drugs and alcohol."

"He should get a sponsor/spiritual/religious leader."

"He should be given a jail sentence to serve as a wake up call."



#### Drug and Alcohol Dependence



journal homepage: www.elsevier.com/locate/drugalcdep

Full length article

vignette results.

### Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias



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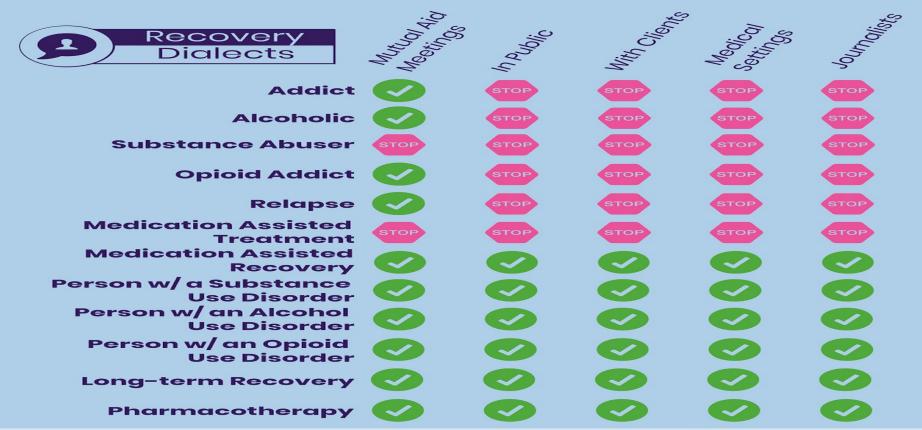
# **Methods:** 1,288 participants were recruited from ResearchMatch. Participants were assigned into one of seven groups with different hypothesized stigmatizing and non-stigmatizing terms.

#### Participants completed a Go/No Association Task (GNAT) and vignette-based social distance scale. Repeated-measures ANOVAs were used to analyze the GNAT results, and one-way ANOVAs were used to analyze

#### **Conclusions:**

- Substance Abuser, Addict, Opioid Addict, Alcoholic and relapse should be used sparingly, if at all.
  - Replace with person with substance use disorder, person with alcohol use disorder, recurrence of use
  - Through the term medication-assisted treatment is not likely to elicit stronger negative biases, replace with the term pharmacotherapy positive implicit biases

    (Ashford, Brown, & Curtis, 2018)



Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

















### Recovery Dialects The words we use matter.





#### Positive

Person who uses substances

Recurrence of Use

**Pharmacotherapy** 

**Accidental Drug** Poisonina

Person with a Substance Use Disorder







#### Negative

Substance Abuser

Relapse

Medication-**Assisted** Treatment

Overdose

Addict

Alcoholic

**Opioid Addict** 

While some negative language is okay to use in mutual aid meetings, its use should be avoided in public, when advocating and in journalism.

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