Invisible Chains:

Confronting Stigmatizing Language and Imagery as Barriers to Recovery

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Objectives & Disclosures

- Define the concepts of stigma, stereotyping, prejudice, and discrimination
- Explore the influence of U.S. drug policy on societal perceptions of drugs and the people who use them
- Examine the manifestation of stigma in language, culture, media, family dynamics, and personal identity
- Discuss strategies for individuals and communities to combat stigma
- Identify stigmatizing language and imagery and propose alternatives to reduce stigma in behavioral health

Content Warning: To facilitate learning and discussion, this presentation includes language and imagery that could be offensive or [re]traumatizing for some individuals. Please feel free to step away if needed and/or reach out (to me or others) for support. **Your wellness is priority #1.**

Disclosure Statement

I have no real or potential conflicts of interest in relation to this presentation.

Individuality

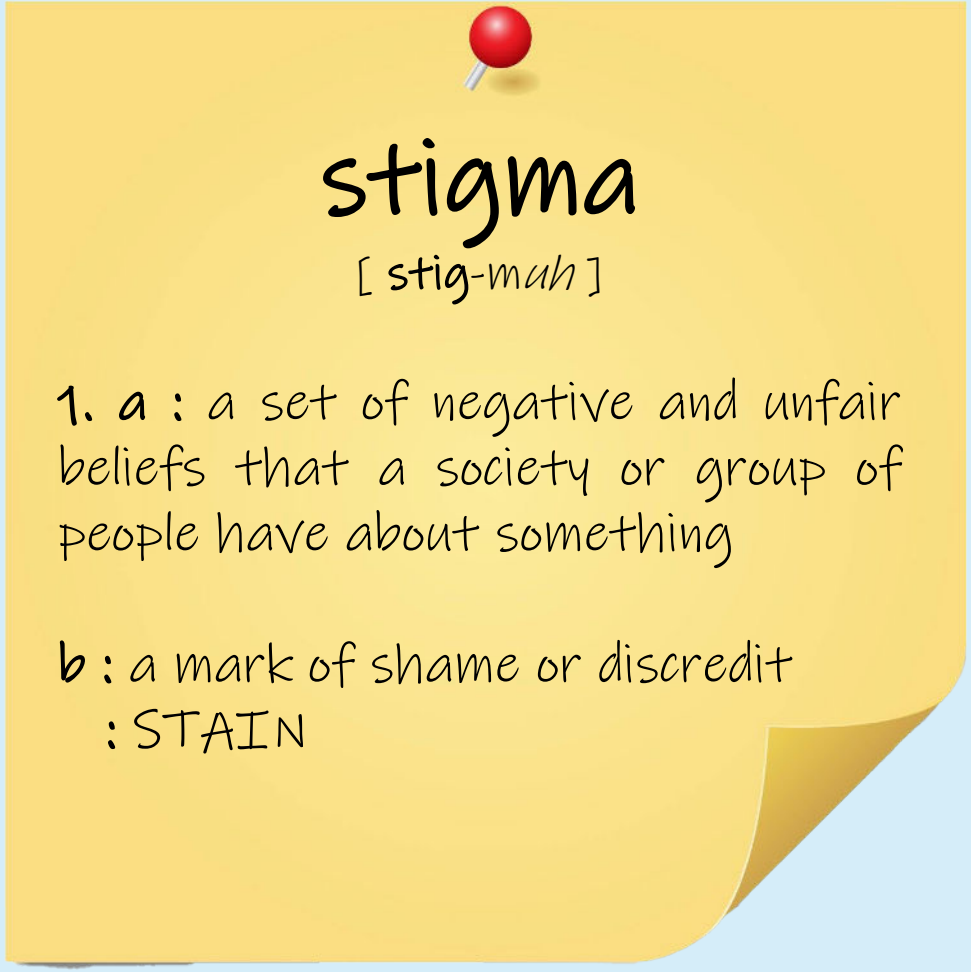
- The qualities that make someone unique from other people
- Influences social grouping and helps us to shape our own identities

Age	Sex	Gender	Sexual Orientation	Occupation
Race	Ethnicity	Color	National Origin	Language and Dialect
Socioeconomic Status	Disability	Physical ability and limitations	Family Structure	Perspectives on family/community
Health beliefs and practices	Perspectives on diet and nutrition	Moral values and convictions	Religious beliefs and practices; spirituality	Political Beliefs

Consider factors of individuality but **avoid making assumptions**.

Stigma

- 1579: First known use of the term “stigma”
- From Latin and Greek origins meaning to mark, brand, or tattoo
- Early English uses refer to a scar left by a hot iron, to brand
- In modern use, refers to a set of negative and often unfair beliefs about a group of people, such as stigma associated with mental illness or the stigma of poverty



(Merriam-Webster, n.d.)

Stereotyping, Prejudice, and Discrimination

S T I G M A

STEREOTYPE

- **Cognitive bias**
- Overgeneralized thoughts about people due to their membership within a particular group

- Can be positive or negative, but often has negative consequences even when the stereotype is positive
- Human instinct – processing and categorizing our complex world, though often oversimplifying the group

PREJUDICE

- **Emotional bias**
- Agreement with a stereotype that leads to often-negative feelings towards the individual or group

- Attaches a feeling to the stereotype
- Example: "People with mental illness are dangerous, unpredictable, and scary."

(In reality, most people with mental illness never commit violent acts. In fact, they are 10x more likely to be a victim of a violent crime compared to the general population.)

DISCRIMINATION

- **Behavioral bias**
- Actions or behaviors towards others stemming from prejudicial attitudes

- Results in loss of opportunity
- Can be overt, like making derogatory comments about someone based on their diagnosis or belonging to a particular social group
- Can also be more subtle, like only hiring people from a particular group

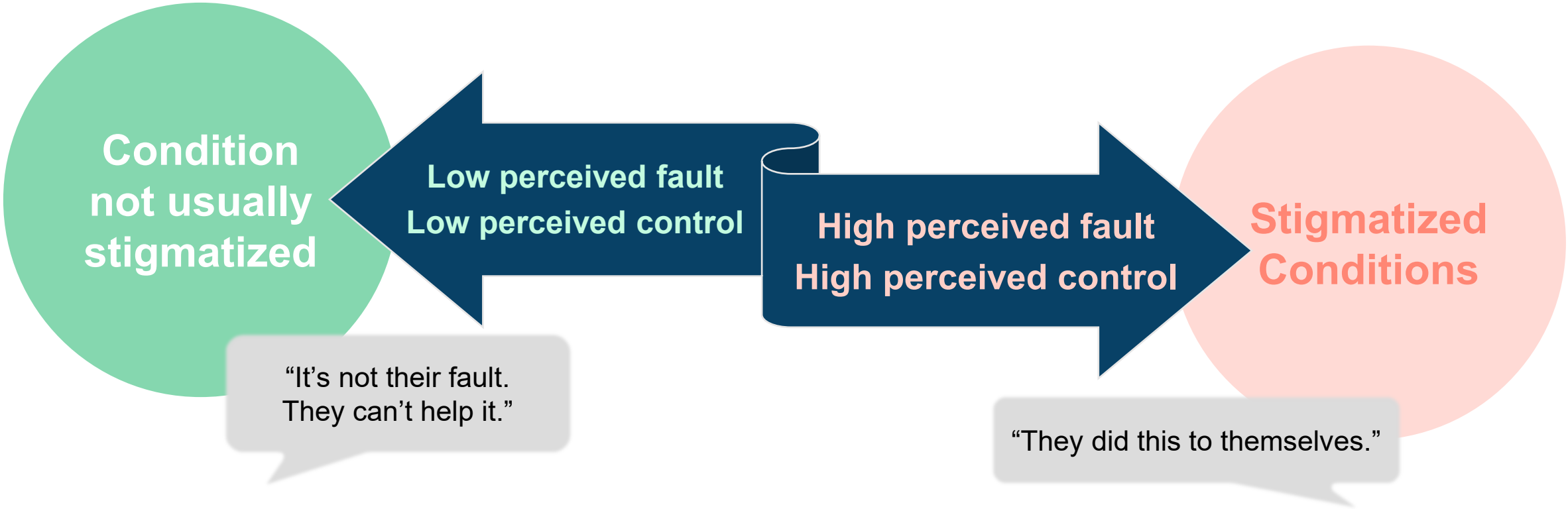
Stereotyping, Prejudice, and Discrimination

S T I G M A

STEREOTYPE	PREJUDICE	DISCRIMINATION
• **Cognitive bias**	• **Emotional bias**	• **Behavioral bias**
"Steelers fans are dumb and obnoxious."	*"I hate Steelers fans. They make me angry."*	*"I'd never hire or be friends with someone if I knew they were a Steelers fan."*
"People on methadone or buprenorphine are just trading one drug for another and are untrustworthy."	*"People on methadone or buprenorphine aren't completely abstinent, and I don't trust them."*	*Unjust loss of opportunities:* ❑ Medical facility or recovery residence refuses patient ❑ Jails/prisons not allowing inmates to continue the med. ❑ Employment loss or barriers

Main Factors Influencing Stigma

Perceived Fault + Perceived Control



Behavioral Health: Highly Stigmatized

Mental Health Disorders

- **Most stigmatized:** schizophrenia as well as personality, dissociative, and bipolar disorders
- **Still stigmatized, *but to a lesser extent than the above*:** post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), anxiety, depression

Substance Use Disorders

- Alcohol Use Disorder ranked 4th most stigmatized condition
- "Drug Addiction" ranked **the** most stigmatized condition

(Hazell et al., 2022; Room et al, 2001)

U.S. Drug Policy 101

Historical Perceptions and Sociopolitical Drivers That Shaped Where We Are Today

Peyote (Mescaline)

- **First instance of "U.S." drug policy**
  - Used medically and spiritually by indigenous peoples as early as 4220 BCE
  - During the Spanish Inquisition, the Spanish colonists ("conquistadors") saw indigenous use of peyote as **"the work of the Devil"** and feared it allowed people to harness the Devil's power to perform witchcraft in retaliation against colonial rule
    - Resulted in the 1620 peyote ban which still impacts the drug's status in modern society
    - *1993: Native Americans granted the right to use peyote for religious purposes*

Spanish colonizers feared peyote use and its potential influence on Christianity and colonial rule.

Xenophobia and Racism: Chinese/Opium

- **17th Century:** Opium introduced in China by European traders
- **18th Century:** Opium seen a symbol of privileged status, but availability of lower-quality opium eventually transcended class
- **19th Century:** Brought to the U.S. during a wave of Chinese immigration due to the California Gold Rush
  - Anti-Chinese sentiment rises, including fears that opium use and prostitution would lead young male laborers to spread disease and crime, weaken the economy, and endanger women
  - **The San Francisco Opium Den Ordinance (1875)** made it illegal to maintain or visit places where people smoked opium
- **In 1909, the Smoking Opium Exclusion Act** became the first federal opium law and prohibited its import or use <u>for smoking specifically</u> (still able to obtain opium by prescription)

(Drug Policy Alliance, n.d.; Harvard Art Museums, 2023)

Xenophobia and Racism: Black/Cocaine

- Like the intentional association of opium with the Chinese, cocaine became unfairly associated with Black people
- **Propaganda** was the primary mechanism for these unfair associations gaining widespread societal acceptance
- **1914 New York Times Article** written by a distinguished physician blames “cocaine-crazed negroes” for “[inciting] homicidal attacks.”
- **1914 Harrison Narcotics Tax Act**
  - “Experts” testified at congressional hearings that “most of the attacks upon white women of the South are the direct result of a cocaine-crazed Negro brain.”
  - Law was passed, regulating and taxing the production, importation, and distribution of opiates and cocaine


NEGRO COCAINE “FIENDS” ARE A NEW SOUTHERN MENACE

Murder and Insanity Increasing Among Lower Class Blacks Because They Have Taken to “Sniffing” Since Deprived of Whisky by Prohibition.

FOR THE WOULD-BE EXPERT IN AUCTION BRIDGE

(Drug Policy Alliance, n.d.; Hart, 2014)

Prohibition (1920-1933)

- The “temperance movement” had a strong foundation in **Protestant Christianity** tying alcohol to immorality
- Also influenced by post-WWI **anti-German sentiment**
- **18th Amendment to the U.S. Constitution** was passed in 1919 that prohibited the manufacture, sale, transport, import, or export of alcoholic beverages
- **National Prohibition Act of 1920 (The Volstead Act)** was then passed to execute the 18th amendment

… but did it work?

- No – **Prohibition was a failed social experiment** that led to illegal distilling operations, bootlegging, speakeasies, toxic and poisonous supplies, and an increase in organized crime.
- *Repealed in 1933 when the 21st Amendment was ratified, overturning the 18th*

(History.com Editors, 2019; The Editors of Encyclopaedia Britannica, 2024)

Xenophobia and Racism: Mexicans/Cannabis

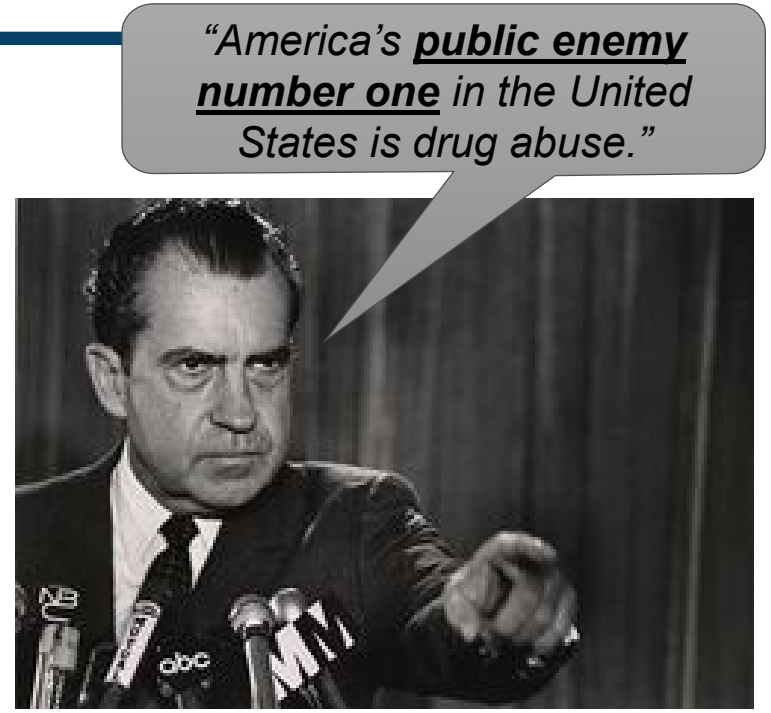
(The Equity Organization, 2020)

- Political upheaval in Mexico due to the Revolution of 1910 leads to a wave of Mexican immigration to the United States
- Cannabis begins being referred to as “marihuana” in the early 20th century to underscore the drug’s “Mexican-ness”
- The Great Depression (1929-1939) increased xenophobia (“stealing our jobs”) and anti-Mexican propaganda
- **1937 Marihuana Tax Act** placed a tax on the sale of cannabis, hemp, marijuana
  - Drafted by Harry Anslinger, the first Commissioner of Federal Bureau of Narcotics (now the Drug Enforcement Administration, or DEA) who shared with Congress a letter he received that stated: “*I wish I could show you what [marijuana] can do to … degenerate Spanish-speaking residents … most of who* [sic] *are low mentally*”

(Drug Policy Alliance, n.d.; The Equity Organization, 2020; Thompson, 2013; Waxman, 2019)

The War on Drugs: The Nixon Era (1970s)

- **1970:** Controlled Substance Act signed into law by President Nixon ('69-'74), classifying drugs into five 'schedules" rated by medical benefits and level of potential for misuse → *often rooted in fear/stigma rather than science*
- **1971:** Nixon declares a "War on Drugs", increasing the size, presence, and funding of federal drug control agencies and pushing through measures such as mandatory sentencing and no-knock warrants
- **1972:** Nixon keeps marijuana as Schedule I despite the commission he appointed unanimously recommending the decriminalizing personal use
- Nixon's policies capitalized on public concern about rates of drug use (particularly heroin) among American troops returning from **Vietnam**



- **Nixon's domestic policy chief, John Ehrlichman, in 1994:** *"You want to know what this was really all about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news.* ***Did we know we were lying about the drugs? Of course we did.***"

(Diaz Pascual, 2021; Drug Policy Alliance, n.d.; History.com Editors, 2019)

The War on Drugs: The Reagan Era (1980s)

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- Brief pause of War on Drugs during the Carter admin. (‘77-’81)
- **1981:** Nancy Reagan begins “Just Say No” campaign
- **1983:** LAPD and LA Unified School District launch D.A.R.E. under the leadership of Chief of Police Darryl Gates who stated: “*Casual drug users should be taken out and shot.”* Despite the lacking evidence of efficacy, D.A.R.E. was adopted nationwide.
- Focus begins to shift towards **“crack”**
- **1986:** President Ronald Reagan (‘81-’89) passes the Anti-Drug Abuse Act, creating the “crack house law” and establishing further mandatory minimum sentences
  - **5-years for 5 grams crack vs. 5-years for 500 grams powder cocaine**

This Photo by Unknown Author is licensed under CC BY

(Diaz Pascual, 2021; Drug Policy Alliance, n.d.; History.com Editors, 2019)

The [*bipartisan*] War on Drugs Continues

- **1989:** President George H.W. Bush (‘89-93) creates Office of National Drug Control Policy (ONDCP), appointing the first “drug czar”
- **1992:** President Bill Clinton (‘93-’01) campaigns on a “tough on crime” platform emphasizing treatment over incarceration, but later rejected a Sentencing Commission recommendation to cut sentencing the disparity between crack and powder cocaine *and* his health secretary’s advice to end the federal ban on funding syringe service programs

- **1994:** Clinton administration passes the Crime Bill
  - $30B legislation funding 125k new state prison cells, mandating life sentences via three-strikes laws, and adding 60 new crimes worthy of the death penalty
- **Rapid rise in incarceration** for nonviolent drug offenses
  - **Increased 8-fold** (50k to 400k) between 1980 and 1997.
  - By 2014, **nearly half** of the 185k people serving time in federal prisons due to non-violent drug charges

(Diaz Pascual, 2021; Drug Policy Alliance, n.d.; History.com Editors, 2019)

The [*bipartisan*] War on Drugs Continues

- **2003:** George W. Bush (’01-’09) passes the **Illicit Drug Anti-Proliferation Act of 2003,** targeting “club drugs” by prohibiting organizers of electronic dance parties (raves) from allowing drugs at their events. He also escalated the militarization of domestic enforcement, focusing on marijuana and student drug testing.
- **2010:** President Barack Obama (‘09-’17) passes the **Fair Sentencing Act**, reducing the discrepancy between crack and powder cocaine offences from 100:1 to 18:1, also ending the ban on most federal funding for syringe access programs (reversed in 2012 with the FY2012 omnibus spending bill)
- **2018:** President Donald Trump (‘17-’21) called for the death penalty for people who sell drugs, initiated a policy placing fentanyl-related substances on Schedule I, and resurrected the disproven “Just Say No” messaging aimed at youth
- **2020:** Oregon decriminalizes possession of small amounts of drugs (*recriminalized in 2024*)
- **2022-23:** President Joe Biden (‘21-’25) pardons federal cases of use, simple possession of marijuana
    - **As of 2025 …** 25 states have legalized recreational use by adults, 38 states have legalized medicinal use, and 32 states have decriminalized marijuana)

(DISA, 2025; Drug Policy Alliance, n.d.; History.com Editors, 2019)

Shedding Stigma: A Shift in Thinking

- So much of how we think about **people** who use drugs has been shaped by decades of drug policy, propaganda, and media coverage
- To dismantle stigma, we **must** shift our thinking to the **person** and their **relationship** with the drug rather than the drug itself

(McGruff Safe Kids, n.d.)

Fighting Stigma in Behavioral Health

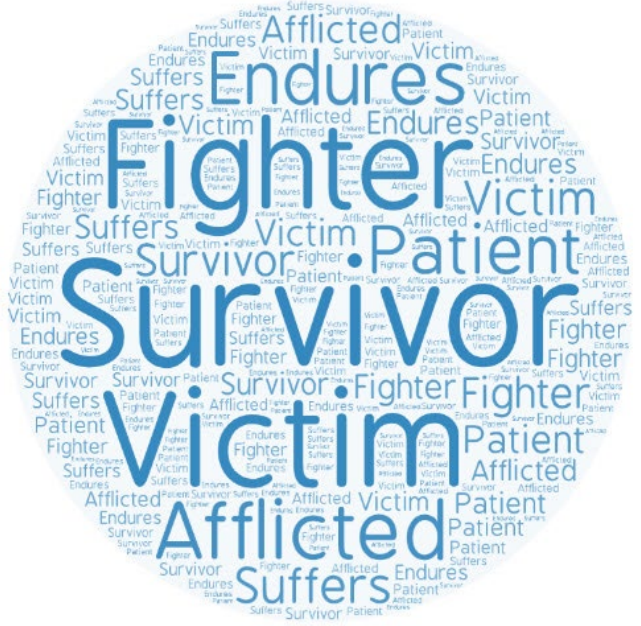
How Does Stigma Show Up?

Language	Terms like “crazy” or “insane” feed into false stereotypes.
Culture	Historically, people with behavioral health challenges have been marginalized. Additionally, different cultures view behavioral health differently, making it more difficult for some to seek treatment.
Media	Coverage of behavioral health challenges is sometimes incorrect or sensationalized, reinforcing negative stereotypes.
Interpersonal	Some family members might think less of behavioral health treatment or be less likely to appreciate its positive effects, decreasing the likelihood of encouraging or supporting their loved one seeking help
Self	People living with a behavioral health challenge sometimes internalize common stereotypes and language around their conditions, resulting in negative perceptions of self and abilities (shame).
Structural	Excluding those with behavioral health challenges from opportunities/resources.

Sticks and Stones Harm, but Words … don't?

Language Used for People Who Use Drugs (PWUD)

Language Used for People with Other Illnesses



Does it matter?

Making a big deal out of nothing?

Just being “politically correct”?

Isn’t this mere “semantics”?

Sticks and stones may
break my bones,
But heartless words cut
deeper;

For wood and stone
harm flesh alone,
But language costs are
steeper.

- Casey Thomas

More than Semantics

- Randomized case vignette study (n = 2605) conducted via a nationwide online survey
- Participants rates a hypothetical individual addicted to opioids on different dimensions of stigma
  - Responsibility
  - Dangerousness
  - Positive affect (concern, sympathy)
  - Negative affect (anger, disappointment)
- **Higher** levels of stigma towards those who
  - Took opioids from a friend compared to those who had received a prescription from a doctor
  - Were labeled as a “drug addict” compared to those who are labelled as having an “opioid use disorder”
- **Labels with higher stigma** = clinicians more likely to recommend **more punitive** treatment

ELSEVIER

Drug and Alcohol Dependence

Volume 185, 1 April 2018, Pages 339-346

Full length article

Opioid use and stigma: The role of gender, language and precipitating events

Kimberly Goodyear [a b], Carolina L. Haass-Koffler [a b c], David Chavanne [d]

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https://doi.org/10.1016/j.drugalcdep.2017.12.037

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(Goodyear et al., 2018)

Why It Matters to be Anti-Stigma

Stigma erodes confidence that these disorders are valid and treatable health conditions.

Stigma deters the public from wanting to pay for treatment, reducing access to resources and opportunities for treatment and social services.

Stigma gives insurers – in both the public and private sectors – tacit permission to restrict coverage for treatment services in ways that would not be tolerated for other illnesses.

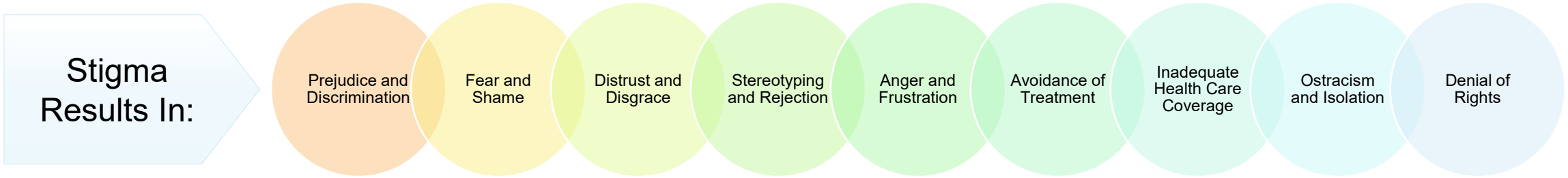
Inability or failure to obtain treatment reinforces self-stigma, including destructive patterns of low self-esteem, isolation, and hopelessness.

Stigma leads people to avoid socializing, employing, working with, renting to, or living near persons who have behavioral health challenges or histories.

Stigma stops people from seeking help for fear that the confidentiality of their diagnosis or treatment will be broken.

Stigma prevents people from acknowledging their behavioral health challenges, much less disclosing them to others.

Stigma tragically deprives people of their dignity and interferes with their full participation in society.



(Central East Addiction Technology Transfer Center Network, 2012)

How Can We Combat Stigma?

#StopTheStigma

Educating Ourselves

- People can and do recover from even the most severe behavioral health challenges. Knowing and believing people can change can promote more positive views of behavioral health.

Promoting Open Discussions About Behavioral Health

- Sharing what a person knows about behavioral health, including their own experiences with behavioral health challenges if they're comfortable, as well as passing on facts and challenging incorrect information can be helpful in combatting stigma.

Encouraging Equal Treatment of Physical and Behavioral Health

- Acknowledging that behavioral health is just as important as physical health can both reduce stigma and promote equal access to care.

How Can We Combat Stigma?

#StopTheStigma

Calling Out Stigmatizing Media

- Highlight when movies or shows incorrectly portray individuals with behavioral health challenges and why the portrayal reinforces damaging stereotypes.

Being Supportive

- Treat others with dignity and respect. Respond with understanding and a listening ear when someone shares their experience with a behavioral health challenge.

Paying Attention to Language

- Words play a big role in stigmatizing someone and disparaging terms can lead to feelings of shame or inadequacy.

“Protest any labels that turn people into things. Words are important. If you want to care for something, you call it a ‘flower;’ if you want to kill something, you call it a ‘weed.’”

– Don Coyhis

Words Matter:

Specific Examples

- Grab a handout or download a digital copy by scanning this QR code
- Not sure how to scan a QR code? That's okay! Just type in the following URL into your preferred web browser: https://tinyurl.com/WordsMatterChart

Let's talk language ...

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Drug abuse	Substance use
Drug problem	Substance misuse
Drug habit	Substance use disorder / addiction
	Risky, unhealthy, or hazardous use
	Use other than prescribed
	Nonmedical use

Why? The term “abuse” can be seen or heard as negative. It can make us think of punishment. The word “habit” makes the disorder seem less serious. The stigmatizing terms imply the person is choosing to use or can simply choose to stop. Substance use disorder is complex. Stopping is much more than willpower.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
User	Person who uses substances
Abuser	Person with a substance use disorder
Addict*	Person with a/an [opioid, stimulant, cannabis, etcetera] use disorder
Junkie	Person who misuses substances
Alcoholic*	Person with an alcohol use disorder
Drunk	Person who misuses alcohol/engages in unhealthy/hazardous use
Former addict*	Person in recovery
Former alcoholic*	Person who previously misused substances

Why? Person-first language can reduce stigma. The change shows that the person has a health concern. The stigmatizing labels suggest that the person is the problem. Putting the person first helps to remove blame and judgement.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Toxicology (Drug) Screens: Clean / Dirty Pass / Fail Hot	**Toxicology (Drug) Screens:** Negative / Positive
Objects, Drug Use Supplies: Clean / Dirty	**Objects, Drug Use Supplies:** Sterile / Used
People: Clean*	**People:** In recovery Abstinent Remission Not drinking or taking drugs

Why? Drug screens are not a test that can be passed or failed. Objects and people are not clean nor dirty. These terms can be negative. When using them to describe people, it can decrease their hope. It can also increase self-stigma. We should use medically correct language. However, remember that people with lived experience may be comfortable using certain terms we would not use professionally or outside of recovery circles. This is okay.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Substitution therapy	Pharmacotherapy
Replacement Therapy	Treatment/Medication for addiction
Medication-assisted treatment (MAT)	**Medication for opioid use disorder (MOUD)**
	Medication for alcohol use disorder (MAUD)
	Medication for substance use disorder
	Medication for addiction treatment (MAT)

Why? These terms can imply the person is “swapping one addiction for another.” This is not true. Medications are an effective recovery tool. Also, medications used to treat other conditions are not referred to as “replacements.” Substance use disorder should be the same.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Dope sick	Withdrawal
Relapse	Return to use
Lapse	Resumed use
Slip	Experienced a recurrence of symptoms

Why? We should use medically correct language, just like we would for any other disorder.

Why? Relapse / Lapse / Slip can imply it was accidental or lacked morals.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Addicted babies	Babies born with an opioid dependency
Born addicted	Neonatal Abstinence Syndrome (NAS) Neonatal Opioid Withdrawal Syndrome (NOWS)

Why? Addiction is a complex disorder. Because of this, babies cannot be born with addiction. Substance-exposed babies are simply born with a withdrawal syndrome.

Mentally ill	Person with a mental health condition / diagnosis
Schizophrenic / Bipolar / etc.	Person with schizophrenia / bipolar disorder / etc.
Crazy, lunatic, psycho, nuts, insane, etc.	

Why? Person-first language can reduce stigma. The change shows that the person has a health concern. The stigmatizing labels suggest that the person is the problem. Putting the person first helps to remove blame and judgement.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Suffers from …	Person with …
Afflicted with …	
Victim of …	

Why? The stigmatizing terms assume the person has a reduced quality of life and imply pity. Person-first language can reduce stigma.

Manic	Experiencing symptoms of mania
Paranoid	Experiencing symptoms of paranoia
Retarded	Worried that [*describe the fear*]
	Intellectually disabled
	Person with an intellectual disability

Why? Avoid jargon and labels. Instead, use language that is clear and respectful.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Committed suicide	Died by suicide
Failed / unsuccessful suicide attempt	Attempted suicide
Completed / successful suicide	Killed themselves / took their own life

Why? Avoid terms that present suicide as a solution. Also, the term “commit” has ties to criminal acts and should be avoided.

Compliant / Non-compliant	Agreeable / not agreeable to the plan of care
Resistant to treatment	Choosing not to … / would rather … / unsure about …

Why? Health decisions should include the patient. It implies blame when patients are described as “non-compliant” or “resistant.”. It also implies that the person is expected to agree with their healthcare team.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
Frequent flyer / high utilizer	Accesses services frequently
High-functioning Low-functioning	Individual with [diagnosis] requiring [high, moderate, minimal, no] assistance

Why? These labels can increase stigma. They imply that the patient is problematic.

Why? Describing people as high- or low-functioning can be offensive. Use medically-correct language. Try describing the abilities and challenges. This can be more specific and accurate.

Instead of This STIGMATIZING Language	Use This NON-STIGMATIZING Language
“It could be worse”	“Thanks for sharing and opening up to me.”
“Just deal with it.”	“Is there anything I can do to help?”
“Snap out of it.”	“How can I help?”
“Everyone feels that way sometimes.”	“I’m sorry to hear that. It must be tough.”
“You brought this on yourself.”	“I’m here for you when you need me.”
“We’ve all been there.”	“I can’t imagine what you’re going through.”
“You’ve got to pull yourself together.”	“People do get better.”
“Maybe try thinking happier thoughts.”	“Can I drive you to an appointment?”
“But you have so much to be happy about.”	“How are you feeling today?”

Why? We want to make the person feel heard. The first column has examples that could make them feel alone. The examples in the second column convey empathy. They show the individual that you are a safe person to speak to about their challenges.

* Note on Identity-First Language

- Some individuals prefer to use identity-first language instead of person-first language to reclaim the identity … **and this is okay!**
- Allow individuals to describe themselves as they see fit.
- You may ask the individual how they would like to be described by others.
- Individuals in recovery from a substance use disorder may also utilize identity-first language, particularly in mutual aid meetings where it can be helpful or empowering to identify as an "addict" or "alcoholic." *However, these terms should* **not** *be used in medical or clinical linguistics or documentation unless in direct quotes.*

Identity-First	Person-First
Autistic	Person with autism spectrum disorder
Blind	Person who is blind
Amputee	Person with an amputation

Imagery Matters Too:

Specific Examples

The following examples can be reviewed in detail by visiting the citation below:

Hulsey, J., Zawislak, K., Sawyer-Morris, G., & Earnshaw, V. (2023). Stigmatizing imagery for substance use disorders: A qualitative exploration. *Health Justice, 11,* 28. https://doi.org/10.1186/s40352-023-00229-6

“Stigmatizing imagery can reinforce negative attitudes and beliefs about individuals with substance use disorders, which create barriers to care.”

Imagery: Patients and Treatment

Considerations

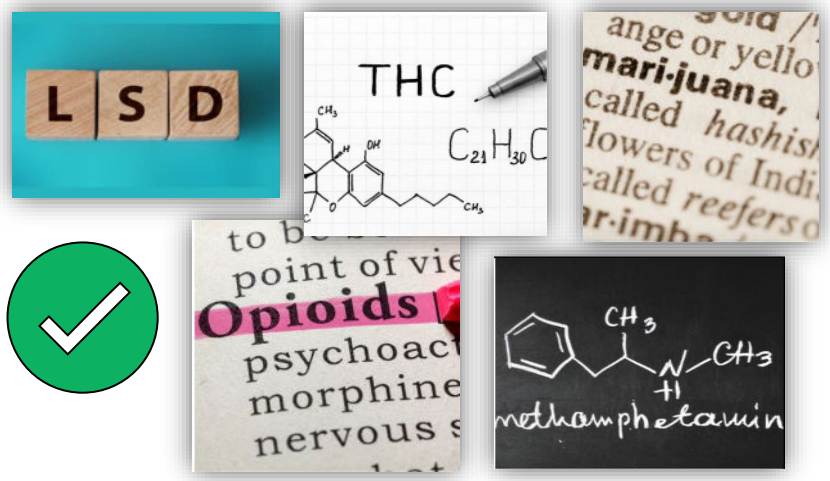
- Individuals looking like they are struggling in treatment, reinforcing isolation and despair, or potentially depicting treatment as a negative experience
- Pictures resembling private treatment websites described by individuals as overly dramatized and staged
- Hand-holding shows help-seeking and acceptance from others
- Prescription pad can underscore availability of medications for addiction
- Diversity is important!

(Hulsey, et al., 2023)

Imagery: Substances and Use

Considerations

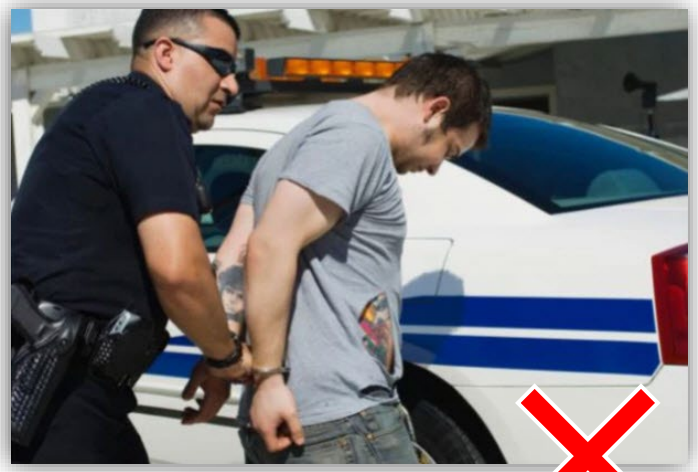
- Realistic depictions of actual substances, drug use supplies, and people using drugs can be both stigmatizing and ‘triggering’
- Oftentimes, these images are not even accurate (picturing vitamins and supplements)



- Conceptual imagery more acceptable, like molecular symbols, dictionary pictures, or other typography options
- Study participant stated that it “keeps it scientific. It keeps it fact-based.”

(Hulsey, et al., 2023)

Imagery: Law Enforcement



Considerations

- Avoid imagery picturing restraints
- Biases that may occur in imagery include “bad guys” with tattoos and piercings and white law enforcement officers arresting those who are BIPOC

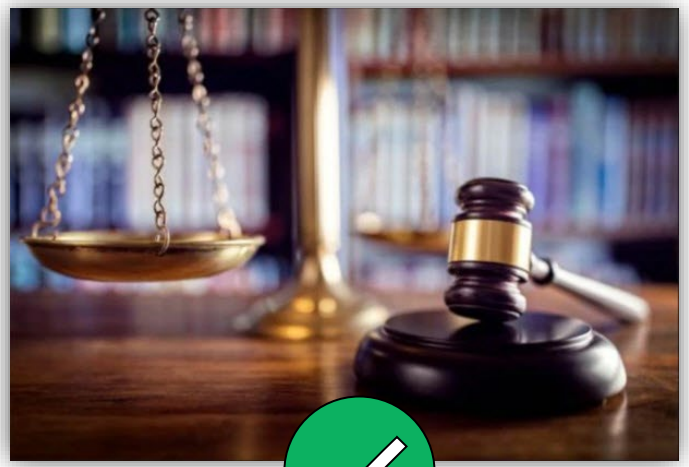
- General law enforcement imagery is acceptable, such as photos of police cars, sirens, or police stations
- Reinforce ideas of safety, security, the true purpose of law enforcement – to protect and serve

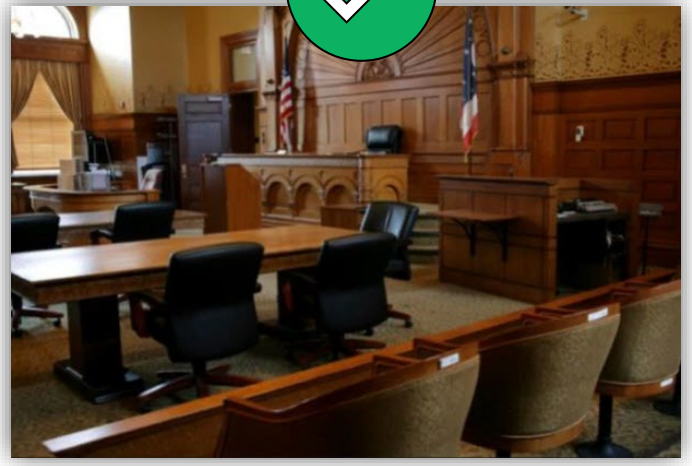
(Hulsey, et al., 2023)

Imagery: Courts

Considerations

- Jumpsuits and handcuffs could imply guilt. One participant stated: “It’s just, you know, that orange jumpsuit. It’s just, again, kind of this presumption that I’m guilty until proven innocent almost instead of innocent until proven guilty.”
- Another participant: “The pictures and the imagery send a whole other negative message and triggers a lot of emotions around unfair sentencing and unfair representation.”
- Empty courtrooms, a gavel, or the scales of justice were better-received by participants
- Avoid using imagery of defendants if people are included (instead, use imagery of a judge, district attorney, or other professional in the frame)



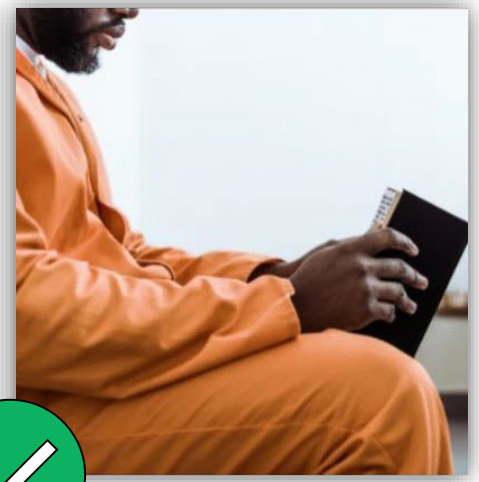


(Hulsey, et al., 2023)

Imagery: Jails and Prisons

Considerations

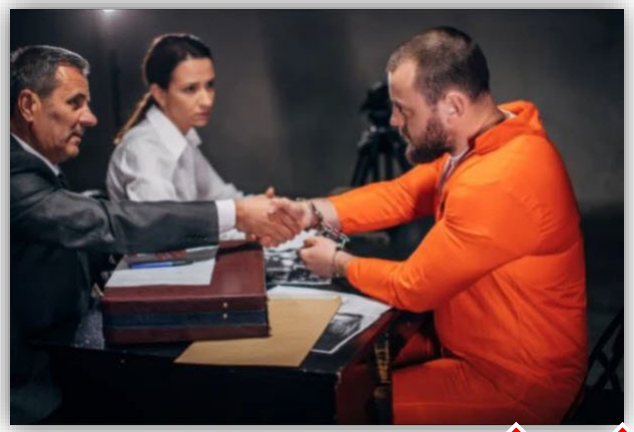
- Avoid bars, rows of cells, individuals behind bars, and images of prison or jail structures that include barbed wire or gun towers
- One participant: “There’s just something really brutal about the rows and rows [of cells]; it’s pretty dehumanizing. I mean, the cell itself – like putting a person in a cage – is already dehumanizing enough.”



- Instead, consider images that highlight modern and updated common areas, cafeterias, prison libraries, and individuals in classrooms etc. *while trying to remain realistic about this experience*
- One participant: “Pictures … showing helpful things, you know what I mean? Where it's more of an opportunity for growth than being caged up or punished, which we all know, it's punishing to lose your freedom, but it's supposed to be so that you can change your behavior.”

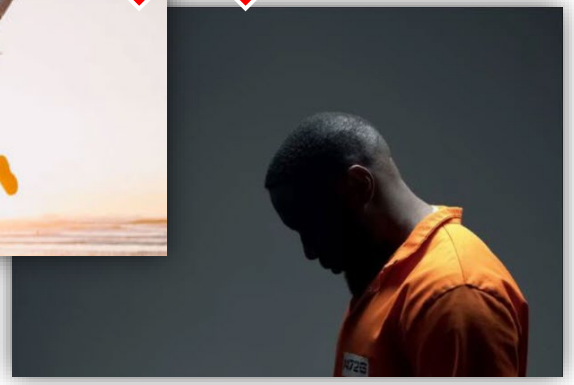
(Hulsey, et al., 2023)

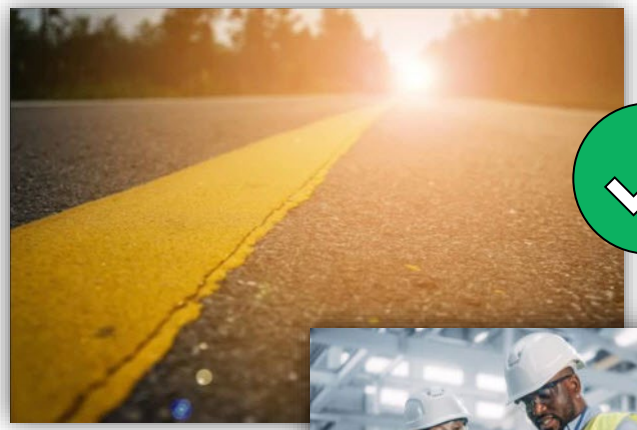
Imagery: Reentry, Probation, and Parole



Considerations

- Avoid jumpsuits, handcuffs, shame: “You have a dude in an orange jumpsuit… getting ready to be released, but they still got him all cuffed up.:
- Avoid unrealistic imagery: “I don’t think anybody’s like that happy to be on parole, you know? I mean… yeah, they’re getting out… but I don’t think that’s [a] very accurate depiction.”





- Metaphorical imagery, like a road or pathway, doors opening, abstract images of the community, and individuals working within the community can provide hope
- Bright, hopeful, and aspirational images were well received by participants
- One participant: “I really like the imagery of walking from the darkness into the light as a transition of reentry and, you know… from hopelessness to hope… that’s what reentry should actually signal to people … coming out of the dark.”

(Hulsey, et al., 2023)

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Thank You!

Don’t forget to snag a handout and share with others to #StopTheStigma!

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