

# Theme 4: Talking about co-occurring harms

The language we use as clinicians matters. Language can be a powerful way of under-cutting stigma and discrimination, signaling understanding and non-judgement, and creating a safe place for mutually addressing co-occurring harms.<sup>1</sup> As a broad approach, it is best practice to avoid stigmatising language and prioritise person-centred language (language that foregrounds the person, rather than the condition or behaviour).<sup>2</sup>

Language norms and what constitutes non-stigmatising language shifts over time and can vary between different treatment settings.<sup>3</sup> Service users may come with their own understanding of appropriate ways of talking about their experiences with gambling and substance use. Language guides can be useful resources to have on hand.

## SIX SUGGESTIONS FOR USING A LANGUAGE GUIDE

- 1. Language changes**—regularly update the language guides you use and be willing to learn and change your language practices as needed.
- 2. Language is adaptable**—avoid being overly prescriptive in your use of language guides.
- 3. Take a person-centred approach to language**—amongst other things, this may mean taking the lead on language-use from the service user.
- 4. Language should challenge stigma**—if you are taking language cues from a service user, guide them away from language that may reinforce self-stigmatisation.
- 5. Language is local**—know where and for what purpose your language guide was written: what's considered appropriate language can vary in different parts of the world and amongst clients from different cohorts (age groups, cultural backgrounds etc.).
- 6. Don't sweat your language**—language 'mistakes' can happen and shouldn't be a reason to avoid raising the issue of co-occurring harms.

There are a range of language guides that can support respectful and responsible communication about gambling and substance use. Links to language guides are available in the Resource booklet, as an appendix to this Guide

In collaboration with the project's Expert Committee, the following communication tips have been developed for workers in the ACT gambling support and ATOD sectors to support service users experiencing co-occurring gambling and substance use harms.

## TIPS FOR TALKING ABOUT CO-OCCURRING GAMBLING AND SUBSTANCE USE

Use person-centred language and focus on the service user as an individual, rather than 'a problem', a diagnosis or a set of symptoms. Avoid language that removes agency from the person or that makes the harms they are experiencing appear impossible to solve.

- person who gambles
- person experiencing gambling harms
- person with lived experience of gambling harms

- electronic gambling machines

Consider the issue of harm by design and steer clear of language that suggests gambling is 'a bit of fun' or 'harmless'. Avoid slang terminology such as 'pokies' or references to 'gaming' and 'play'. Think about the language that is preferred by industry and consider how it minimises risk and passes responsibility for harm to the individual.

Consider the diverse range of experiences and treatment aims that an individual may come with - from abstinence to harm reduction. Avoid language that suggests linear progression, as this can exacerbate feelings of failure and shame when a person's journey is (as is more typically the case) complex and non-linear.

- person who uses drugs / alcohol
- person who experiences drug / alcohol harms
- person who has stopped / is not currently using drugs / alcohol
- person with lived experience of drugs / alcohol

- negative / not negative
- urine / drug test
- used syringe
- smoking implement

Ask yourself whether the language you are using carries negative connotations and how this may add to the burden of stigma. Listen to the language of the service user and consider what this may tell you about their experiences of stigma and discrimination and about self-stigmatisation and shame.

Medical language can be useful in educating and empowering service users to engage with a range of services. However, such language can also be confusing or alienating to a service user. It may contribute to feelings of helplessness and a lack of control over their own life and in their engagement with treatment or harm reduction services.

- person experiencing complex / co-occurring harms

## SCREENING, ASSESSMENT AND LANGUAGE

A number of screening tools and diagnostic instruments make use of language that might be considered 'not best practice' in other contexts and when considered through the lens of potential stigmatisation.<sup>4</sup> The Diagnostic and Statistical Manual, 5th Edition (DSM 5) for example, uses the terms "Substance Use Disorder" and "Gambling Disorder"<sup>5</sup>; the *South Oaks Gambling Screen (SOGS)* uses the term "pathological gambler" and the *Problem Gambling Severity Index (PGSI)* categorises respondents in terms of "severity" from "none" to "problematic".<sup>6</sup> The language of these tools may be required when working in or communicating with clinical settings where they are used. However, outside the diagnostic realm, it is preferable to use terms that centre and give agency to the person ahead of any disorder, pathology or problem.<sup>7</sup>

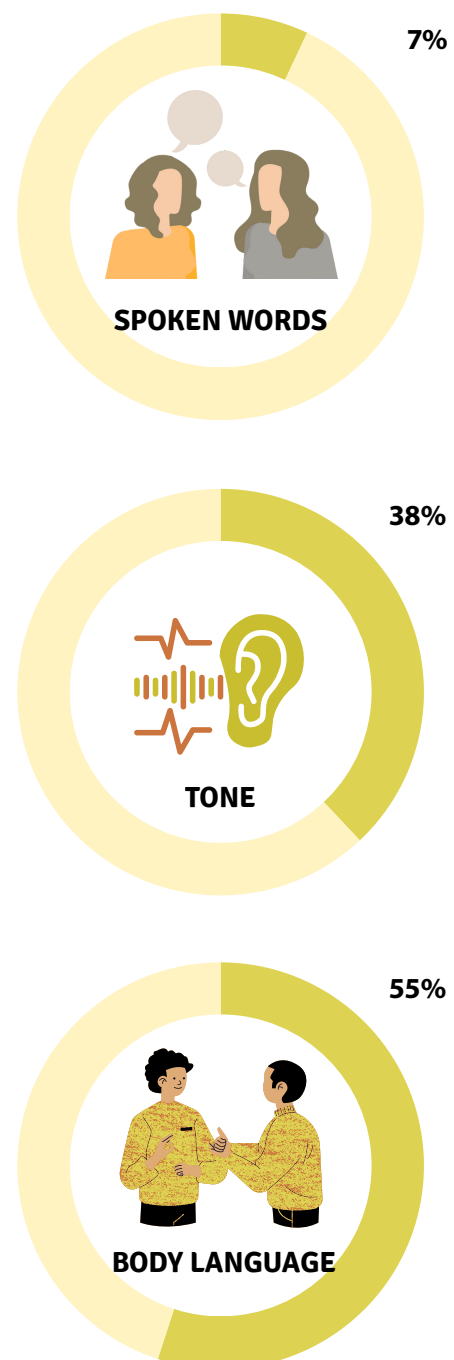
## MEANINGFUL COMMUNICATION

Beyond issues of stigma and discrimination, it is important that the language we use meaningfully communicates to service users. This may mean balancing ordinary, everyday language with appropriate clinical discourse. Using clinical terminology can educate and arm service users as confident advocates of their own health and wellbeing needs into the future. Peer-led education can play a particularly important role in bolstering the health literacy of service users in ways that are relatable.<sup>8</sup>

## GETTING BODY LANGUAGE RIGHT

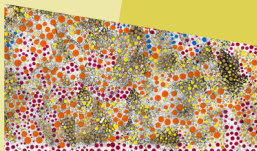
Most of our communication happens in ways that are nonverbal. Being aware of body language can help us avoid communicating stigma around a service users' gambling and substance use.

**Figure 4.1 Most of our communication is nonverbal**



Put yourself in the practitioner role and consider how the different descriptions below might influence your perception of the individual and your subsequent interactions and treatment plan. What are the implications of the language you use for how individuals come to think about him / her / their self and their journey?

\* Brett is a difficult client who first came to the service when he was a homeless alcoholic. Although he has a long history of drug abuse, in the past Brett has managed to get clean. In counselling Brett confessed to being a gambling addict which had cost him his job, his home and his relationship. Brett wants to get sober and clean up his life.



**Knowledge point:** The language used in a service setting can counter stigma and discrimination, signal a welcoming and non-judgemental environment, and create a safe place for mutually addressing co-occurring harms.

**Practice point:** Be familiar with best practice language but don't let fear of saying the wrong thing (or saying the right thing in the wrong way) stop you from having important conversations about a service user's gambling and substance use.

When they first came to the service, Sam was experiencing a period of homelessness and was using alcohol. Sam has previously interacted with ATOD services and has ceased using drugs and alcohol on several prior occasions. During counselling, Sam disclosed details of gambling harms, including legacy harms that continue to impact them to the present day. Sam has indicated a wish to stop using alcohol and to get support to reduce gambling harms.

