1) How do the words we use shape the way we see colleagues or patients with SUD?

Discussion Points

- Words like "addict" or "clean/dirty urine" reinforce shame.
- Person-first language (e.g., "person with substance use disorder") focuses on the individual, not the condition.
- Small language changes can significantly influence workplace culture and patient care.

2) What would you do if a colleague admitted they were struggling with SUD?

Discussion points

- Listen empathetically without judgment.
- Offer confidential resources or support programs.
- Avoid shaming; focus on safety, recovery, and continued professional development.

3) Have you ever noticed bias toward patients with SUD in your practice?

Discussion points

- Reflect on assumptions: Are certain patients treated differently?
- Recognize that stigma can affect clinical decisions, patient trust, and outcomes.
- Discuss ways to challenge biases in real time.

4) What does 'support without enabling' look like?

Discussion points

- Support means offering resources, empathy, and guidance.
- Avoid enabling risky behavior (e.g., covering up errors or ignoring unsafe practices).
- Encourage accountability paired with recovery assistance.

5) How comfortable are you discussing SUD compared to other chronic illnesses?

Discussion points

- SUD is a medical condition, just like diabetes (DM) or hypertension (HTN).
- Normalize conversations around substance use among healthcare providers.
- Identify barriers (fear, judgment, or policy concerns) and discuss ways to overcome them.

6) What small changes could make our workplace more stigma-free?

Discussion points

- Use person-first language consistently.
- Include SUD in wellness and safety discussions.
- Offer confidential support programs and encourage dialogue.

7) Why is stigma one of the biggest barriers to seeking help?

Discussion points

- Fear of judgment or career consequences prevents disclosure.
- Shame and isolation worsen substance use outcomes.
- Reducing stigma encourages earlier intervention and better recovery rates.