

Healthy Bottom Line

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RICHMOND COUNTY DAILY JOURNAL

Why a coronavirus vaccine might not get things back to normal

By Evan Bush
The Seattle Times

SEATTLE — Coronavirus infections are climbing to record highs nationwide. Patients are filling hospitals in some states. Experts fear we're in for a dark winter.

A shot of hope could be coming, as vaccine makers are deep in clinical trials.

But over time, the stiffest challenge when it comes to vaccines may not be creating, approving or distributing them. It might be getting people to take them.

Americans' willingness to be vaccinated dropped over the summer, with about half of people polled now saying they'd be reluctant, according to recent surveys. Vaccinating only half the population would likely fall short of stopping transmission of the virus.

Decisions made now, by scientists and by those in political power, could have a lasting effect on whether vaccines succeed in driving out COVID-19 and other diseases.

The pharmaceutical company Pfizer indicated in a news release earlier this month that its mRNA vaccine had shown 90% efficacy in early data and did not present significant safety concerns. More data and details are needed to understand the nature of the protection this vaccine provides, which populations it protects well and whether it provides lasting immunity.

"Nobody yet has actually seen the actual published reports with statistics and numbers," said Dr. John Dunn, the medical director of preventive care at Kaiser Permanente Washington. If the efficacy data holds up and protection lasts, Dunn said it would be "marvelous."

The FDA has long said it wanted vaccines to show at least 50% efficacy, meaning vaccines that prevent infection, disease or transmission in at least half of people who receive them.

But that represents "a low-end threshold to make sure no one is wasting their time," said Dunn.

Even with an effective vaccine, the math is daunting.

A 90% effective vaccine would likely require



"As the joke goes in medicine: The effectiveness of a vaccine that doesn't go into someone's arm is zero"

— Dr. John Dunn,
Medical Director, Preventive Care,
Kaiser Permanente

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at least two-thirds of those susceptible to be vaccinated "to start to see what we think of as herd immunity," Dunn said, adding that it could require a much higher percentage of people, even 90%.

Gallup polling released in October found that if a free, FDA-approved vaccine were available now, only half of Americans would agree to get it. And a survey from STAT and The Harris Poll found that 58% said they would get vaccinated as soon as a vaccine was available, a sharp drop since summer polling.

"The rate at which we vaccinate people is critical," Dunn said. "As the joke goes in medicine: The effectiveness of a vaccine that doesn't go into someone's arm is zero."

Vaccination traces its roots to centuries-old inoculation practices that researchers believe originated in Asia, in which people inhaled dried pustules of smallpox to induce mild infection.

An enslaved man named Onesimus taken from West Africa brought knowledge of the practice to North America and helped quell an outbreak in Boston in 1721.

By that century's end, researchers had developed a smallpox vaccine. The World Health Organization declared the disease eradicated in

1980 — a public health triumph.

In the United States, vaccines have eliminated polio, which primarily affects children and can cause paralysis, and largely eliminated measles and tetanus, among other diseases.

Vaccines inspire both unbridled optimism and skepticism, said Emily Harrison, a postdoctoral fellow in the history of epidemiology at Harvard University.

"Just as old as the process or technology of vaccination is resistance or hesitancy of vaccination," Harrison said.

Groups have opposed vaccination for religious reasons, over safety concerns, in reaction to colonialism and over concerns about medical experimentation and exploitation.

"Vaccines have often been deployed by authorities with conflicting motives," Harrison said.

In the early 1900s, for example, as occupying American soldiers in the Philippines became sickened with smallpox, the U.S. Army led a vaccination campaign for the population at the same time it routinely tortured Filipinos during interrogations.

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Tips for beating seasonal and pandemic blues

By Dan Gigler
Pittsburgh Post-Gazette

PITTSBURGH — Fleeting daylight. Colder weather. Gloomy skies. The churn of conflicting emotions and financial distress that can accompany the holidays.

These elements constitute the recipe for the annual anxiety stew that Jon Weingarden's patients have to swallow. Add to that the recent fallout of a vitriolic presidential election and the COVID-19 pandemic, and it can be an overwhelming scenario — especially for those with seasonal affective disorder.

"We definitely do see that," said Mr. Weingarden, a clinical psychologist and the senior program director of the Integrative Health and Aging Program and Center for Eating Disorders at UPMC Western Psychiatric Hospital.

"I work in an acute hospital setting," said the 34-year-old who has a doctor of psychology degree. "We do see more people now that are saying, 'Yes, this is a direct effect of COVID-19; whether it's via job loss or loneliness or losses of resources, financial issues. So we are seeing more ... people getting exhausted from it.'"

The SARS-CoV-2 coronavirus primarily affects the respiratory and circulatory systems and has contributed to the deaths of nearly a quarter of a million Americans since February. But Mr. Weingarden has a different view of it.

"I look at it as a stressor," he said. "Stress is a psychological term. There are acute stressors like traumas and there are chronic stresses. At first when we experience stressors, even traumatic ones, it's more common for people to have growth from a stressor, but then we tend to wear out from it."

A recent Washington Post story said that a survey published in September in the JAMA Network Open, a monthly open access medical journal published by the American Medical Association, "found that U.S. adults were reporting levels of depressive symptoms more than three times higher during the pandemic than before it" and that a June survey conducted by the Centers for Disease Control and Prevention yielded similar results.

Just as COVID-19 typically has a long arc between exposure and its symptoms, so too did the mental health ramifications of the disease take time to manifest.

"Even though people were extremely anxious about the pandemic, there were people who were sort of motivated, who were engaged. There is something that all of humanity was tied together in response to it, for the most part," he said. But as it's worn on, "I think people are really starting to get exhausted from this."

And that gives him pause as a clinician.

"I think that's where it really starts to couple with this seasonal depression because there's not as many (safe) ways that you can cope with it compared to what you may have been able to do over the summer.

He said three things contribute to depression at this time of year.

"The holidays tend to become more sort of nostalgic and bittersweet. You not only have good memories, but memories of loss of things you're no longer able to do or people you're no longer able to see.

"Many people struggle with winter weather, something we call the winter blues. The things that tend to trigger that are the shortened days, less sunlight and colder weather where we might be less active. We look at it very much as a sort of circadian rhythm biological process.

"We also just had a time change, which is hard for people. Sometimes when they're depressed they want to oversleep, which worsens it. If you oversleep, you miss your one sliver of sunlight. So if you're not getting any sunlight in the morning, there's nothing telling your body, 'Hey, it's daytime. Get active.' If you're getting up and going straight to work and getting home at 4 or 5 and not seeing any daylight, that's a problem."

Here's the Catch-22 of COVID-19:

"If someone has a seasonal pattern (of depression), they might be less likely to do the things they enjoyed, and now we've cut the number of things they can do significantly. So that's gonna be a major challenge. How do you stay engaged throughout the winter because those opportunities are much decreased?"

Mr. Weingarden emphasized that no one should suffer in silence or tough it out.

"The first thing I would say is that if you really are — or anticipate — struggling, get supportive resources from a professional. Connect with a counselor or a psychiatrist. If you are really, really struggling, emergency resources are the way to go."

To help with the daily struggle, get outside, plan ahead, stick to commitments and be prepared to try something new.

"Get outside now while the weather is still nice. If you avoid going outside now and you wait until the thick of the winter, it's going to make it much harder. Take a walk in the morning. Get up at a reasonable time. Get outside during your lunch break while the weather is still nice, and even once it gets bad, commit to bundling up," he said.

He noted that Europeans seemed to handle winter weather better than some Americans.

"They love the cold and they don't bat an eye at it. We're gonna have to bundle up and change our culture a little bit, and that's gonna be easier for some people than others.



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"Commitment is a big challenge. If you commit (only) to yourself, it's easy to let yourself out of it. But if you have a buddy at work or a neighbor or family member and you decide to walk together every day, committing with somebody really strengthens that because nobody wants to be the one to drop out. If one of the two of you says, 'Hey let's do it,' then both of you are more likely to go.

He said the pandemic monotony of telecommuting and home schooling can lead to the feeling that every day is the same.

"If you're eating dinner with the same person every night, that doesn't mean that you can't say every Friday we're going to do something special, whatever your means allow for. (That) will make the weeks go by more quickly.

"It has been hard and it's going to continue to be hard," he said, suggesting people keep an eye on the big picture.

"While we're gonna have to get through a really difficult winter, we are anticipating starting to see some vaccines in the coming year."

For those who are concerned about family members or friends, he suggests making plans and holding the person to them.

"Make plans with each other, whether it's a Zoom phone call every Thursday, taking a walk every morning, or checking in with each other and offering resources, making plans with each other that are safe.

"Don't be afraid to ask somebody, 'Hey, are you OK? Can I help?' It's important to make this more normalized and less stigmatized."

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Create a Safe Sleep Environment for Baby

Did you know that the features of your baby's sleep area can affect his/her risk for **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation?

Reduce the risk of SIDS and other sleep-related causes of infant death by creating a safe sleep environment for your baby.

How can you make a safe sleep environment?



▶ Always place baby **on his or her back** to sleep for all sleep times, including naps.



▶ **Room share**—keep baby's sleep area in the *same room* next to your sleep area. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.



▶ Use a **firm sleep surface**, such as a mattress in a safety-approved* crib, bassinet, or portable play area, covered by a fitted sheet.



▶ Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**.



▶ **Don't let baby get too hot during sleep.** Dress your baby in no more than one layer more of clothing than an adult would wear to be comfortable. A one-piece sleeper or wearable blanket can be used.

*Visit the U.S. Consumer Product Safety Commission website for more information about safety-approved baby sleep areas: <http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>



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Can video games help you level up your health?

You might assume that portraying video games as bad for your health would be as easy as shooting ducks on an old Nintendo.

Even a professional gamer like Noah "Nifty" Francis, 22, admits players aren't known for having great habits. Francis, who plays Counter-Strike: Global Offensive for the Dallas-based Team Envy, knows people who play 14 hours at a time, so focused on the game that they forget to eat. "A lot are, like, so skinny – even frail-looking – because maybe they eat one meal a day."

While nobody is suggesting you trade in your gym membership for a game subscription, it turns out there probably are worse things you could be doing with your leisure time, experts say. Keeping things balanced is key to avoiding pitfalls.

Unless you're actually playing Pitfall!, the biggest threat a video game poses to your health is probably not quicksand or mutant scorpions. It's sedentary behavior – low-energy activity, such as watching TV or being a passenger in a car.

Simply put, sedentary behavior is bad for you, said Tracie Barnett, an associate professor in the department of family medicine at McGill University in Montreal. It "is really quite well-established that it increases risk of death from all causes," said Barnett, who was chair of the committee that wrote an American Heart Association scientific statement on sedentary behavior in youth in 2018.

That report said screen time seems to contribute to children becoming overweight. But, Barnett said, many studies on screen time lump games, computer time and television-watching into one category. "And I'd say, not all screen time is equal."

A 2012 study in the American Journal of Clinical Nutrition assigned people to either watch TV, play a video game with a controller or play a video game controlled by motion. An assortment of snacks was set nearby. Every group consumed more calories than they expended – but the net intake was highest in the TV group and lowest in the motion-controlled video game group.

Overall, games that inspire motion – "exergaming" – beat doing nothing, said Barnett. Federal guidelines recommend adults get at least 150 minutes a week of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity. And there's "a huge amount of benefit" in getting someone to go from no activity to even as little as 15 minutes a day, Barnett said.

That could affect a lot of people. About 214 million people in the U.S. are video game players – 64% of adults and 70% of children, according to the Entertainment Software Association, an industry trade group.

Research shows video games also can boost emotions and thinking skills. And the power of games to motivate can inspire healthy behavior,



said Daehyoung Lee, an assistant professor in the department of applied human sciences at the University of Minnesota Duluth.

But Lee, who helped develop an app that encourages people with autism to be more active, said there are limits to how much good games can do. "Active video games and gamified fitness apps are a creative way to reduce prolonged sedentary time especially in physically inactive individuals, but they are limited to supplementary roles," he said. "We have to pursue real exercise and regular physical activity to meet the recommended physical activity guidelines and gain health benefits."

Parents looking for safe limits on screens overall can turn to the American Academy of Pediatrics, which recommends bedrooms, mealtimes, and parent-child playtimes should be screen-free and that screens should be turned off an hour before bedtime.

For adults, Barnett said it's a good idea to take a break from gaming for five to 10 minutes every half hour, or 15 to 20 minutes every hour. And keep a healthy balance with the rest of your life. "Spend

some time outdoors, make sure you have face-to-face interactions as well."

Balance is what Francis, who has played professionally since he was 14, aims for these days. He persuaded his team to hire a personal trainer and learned how to cook healthy meals at home. He also started hitting the gym five to six days a week. (Research shows exercise can actually help video game performance.)

Francis said he's felt the difference his lifestyle changes have made. He feels more creative, less groggy. That's vital to someone who's playing in tournaments where tens of thousands of dollars are on the line. "If it makes you 5% better, even 1% better, you take that."

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Vaccine

From page 1

A history of medical exploitation and missteps also has eroded trust among some communities of color in the United States, said Abigail Echo-Hawk, chief research officer for the Seattle Indian Health Board and a member of the Pawnee Nation of Oklahoma.

The U.S. Air Force in the 1950s conducted clinical trials using radioactive isotopes on Alaska Natives, including lactating and possibly pregnant women, without informed consent.

Stringent ethical standards guide clinical trials today.

High-profile technical mistakes also led to reforms. In the 1950s, during what came to be known as the Cutter Incident, some batches of polio vaccine were shipped out containing live virus, which paralyzed dozens of children and killed several.

"Vaccines today are highly regulated, and they need to meet the most rigorous of safety standards," Harrison said.

Harrison said skepticism of vaccines today is marked by several characteristics: distrust in public institutions; a growing number of people who don't wish to participate in the common cause; and the influence of social media, where "theatrical, orchestrated disinformation" can thrive.

Kolina Koltai, a postdoctoral researcher at the Center for an Informed Public at the University of Washington, said anti-vaccination proponents have been discussing the novel coronavirus on Facebook since January, before it hit broad mainstream discourse in the U.S.

Koltai, who has studied these groups for about five years, said conspiracy theories have accelerated during the pandemic. Prominent anti-vaccination groups have mixed their messages with QAnon conspiracies and anti-lockdown messages.

The relatively quick pace of vaccine development, the perception of political influence and even the name of the federal vaccine effort — Operation Warp Speed — have also

spurred concern among people who typically support vaccines, Koltai said.

"We are seeing people otherwise normally classified as pro-vaccine, who think childhood vaccines are safe, who now have reservations about a (coronavirus) vaccine," Koltai said. "You almost couldn't have picked a worse name."

President Trump has said no president has ever "pushed" the FDA so hard. He's shared rosy predictions of when a vaccine would be ready and accused the FDA of a "political hit job" for implementing rules that would push the timeline for a vaccine past Election Day.

For some, that's left an impression. Anne Jaworski, a 65-year-old retiree from Des Moines who described herself as a "fan of public health" and whose parents met while working on a polio project, said she typically views vaccines with favor but remains "skeptical" of COVID-19 vaccines.

"It's Operation Warp Speed and not Operation Warp Quality," Jaworski said.

Jaworski distrusts the large pharmaceutical companies at the helm of vaccine efforts and was concerned about political influence over vaccine development and approval.

Jaworski now views once "trusted sources" like the FDA and the Centers for Disease Control and Prevention as "pawns in a political game."

Regulators have rallied to assert independence and provide public reassurance. Peter Marks, director of the FDA's Center for Biologics Evaluation and Research, promised to resign if politicians fast-walked a vaccine that wasn't safe and effective.

Meantime, Gov. Jay Inslee said Washington state would join other Western states in an independent review.

"This will be an added layer of assurance" for residents "so that we can increase the number of folks that actually get the vaccination," Inslee said. The state Department of Health is planning a campaign to promote approved vaccines.

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They're decking the halls real early this year

By Erica Pearson
Star Tribune (Minneapolis)

MINNEAPOLIS — On Nov. 1, Minneapolis photographer Cindi Yang arranged a trio of slim artificial pine trees in her living room.

On Nov. 2, she shared a video of herself setting up her Christmas trees on TikTok, where it quickly gathered nearly 40,000 likes.

Though she needed a little Christmas, the trees were enough. Yang decided to wait until after Thanksgiving to hang the ornaments.

Lana Baggenstos didn't bother to hold off.

The clinical pharmacy specialist who lives in Minneapolis put up her Christmas tree — decorations and all — on the first day of November.

"I thought, 'What the heck, it's 2020. It's been a long year and we could use some holiday cheer,'" Baggenstos said.

Like Yang, she was hoping the decorations would "change up the scene, and bring in more happiness and joy as we hunker down this holiday — and for who knows how long."

Even before the skulls and ghosts from Halloween came down, Christmas lovers across Minnesota were dragging out boxes of snowmen ornaments and untangling strands of twinkly lights.

This isn't just the usual calendar creep. Those who are embracing Christmas in November say it's a form of self care. (One commenter on

Yang's TikTok said that decorating for Christmas "makes my mental health better!")

With the likelihood that Thanksgiving celebrations will be curtailed or canceled, many say they are needing something merry and bright to raise their spirits. And now that traditions have been upended, hanging some stockings with care more than a month before the holiday might bring joy to our pandemic-depressed world.

Mayo Clinic psychologist Craig Sawchuk said putting up holiday decorations can give our brains (which are hardwired to be alert to threats) a break. It also can add a little novelty and give us a sense of productivity.

"We can see how doing something as seemingly simple as putting up Christmas lights actually can carry a lot of positive weight," he said.

Of course, retailers are taking note of the early enthusiasm.

"We are finding that people are starting to decorate and create for the holidays this year earlier than ever," said Anna Olsen, manager of crafted content at Jo-Ann's.

"It's been a crazy year, and people are looking for a little comfort and joy. Decorating for the holidays is an activity people really look forward to, and this year it's likely to have even more meaning."

Another reason people are getting into

the decorating game? COVID-19 has put the kibosh on lots of travel plans.

"Many families who ordinarily travel over the holidays may choose to stay home," said Olsen, "so they're looking for ways to amp up the holiday cheer in their own homes."

Entertainment outlets are catching Christmas fever, too.

Twin Cities radio station KOOL 108 switched over to an all-Christmas music format on Nov. 6, at least two weeks earlier than usual. The Hallmark Channel began premiering new Christmas movies starting Oct. 24. And "All I Want for Christmas Is You" singer Mariah Carey shared a video of her own tree to Instagram — on Nov. 1.

Baggenstos, who has an artificial tree, hadn't planned to put it up so early. But when her 4-year-old son asked if they could, she couldn't think of a reason to say no.

"Honestly, we'll take any excuse to celebrate something at this point," she said.

"My husband rolled his eyes at me, like 'No, please no,' but he held his tongue. We still had birthday decorations up from my son's birthday on October 25, Halloween decorations up, and fall decorations up, when the tree went up just to add to the chaos. No rules this year."

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"DRUG MISUSE"
"SUBSTANCE MISUSE"

Although the term "substance abuse" is widely used—including in the names of federal and state agencies—use of the term "abuse" in the context of substance use is no longer favored in the mental health community. The word "abuse" connotes violence and criminality and does not fit with a view of substance use disorder as a health condition. Substance use disorder is a diagnosable condition that refers to drug use that has become significantly problematic in a person's life.



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"PERSON WITH A SUBSTANCE USE DISORDER"
"PERSON USING DRUGS PROBLEMATICALLY/CHAOTICALLY"

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"PERSON IN RECOVERY/PERSON WITH PROBLEMATIC DRUG USE"

The term "dirty" is often used to describe syringes that have been used or to describe positive drug screens. People who are no longer using drugs are often referred to as "clean." However, the clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean.

If you're providing a service or resource — support, don't stigmatize.

People may use or identify with stigmatizing language based on their own history, and that's their prerogative. Do not correct people with lived experience on their preferred way to refer to themselves. Use non-stigmatizing language to show people who use drugs that you respect them with your words.



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