NIDAMED

# Words Matter
# Terms to Use and Avoid When Talking About Addiction

This handout offers background information and tips for providers to keep in mind while using person-first language, as well as terms to avoid to **reduce stigma** and **negative bias when discussing addiction**. Although some language that may be considered stigmatizing is commonly used within social communities of people who struggle with substance use disorders (SUDs), clinicians can show leadership in how language can destigmatize the disease of addiction.

## Stigma and addiction

### What is stigma?

Stigma can be defined as a label with an associated stereotype that elicits a negative response. Typical stigma related to addiction patients: they are dangerous, unpredictable, incapable of managing treatment, at fault for their condition, etc.

### Where does it come from?

For people with an SUD, stigma may stem from antiquated and inaccurate beliefs that addiction is a moral failing, instead of what we know it to be—a chronic, treatable disease from which patients can recover and continue to lead healthy lives.

### How does it affect people with SUD?

- Stigmatizing attitudes can reduce willingness of individuals with SUD to seek treatment.[1,2]
- Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.[2]
- Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.[3]

### How can we make a change?

- When talking to people with SUD, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.
- Because clinicians are typically the first points of contact for a person with an SUD, health professionals should "take all steps necessary to reduce the potential for stigma and negative bias."[3] Take the first step by learning the terms to avoid and use on the next page.
- Use person-first language and let individuals choose how they are described.[4]

### What is person-first language?

Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates a person to their condition or has negative connotations. For example, "person with a substance use disorder" has a neutral tone and distinguishes the person from his or her diagnosis.

### What else should I keep in mind?

It is recommended that "substance use" be used to describe all substances, including alcohol and other drugs, and that clinicians refer to severity specifiers (e.g., mild, moderate, severe) to indicate the severity of the impairment. This language also supports documentation of accurate clinical assessment and development of effective treatment plans.[5] When talking about treatment plans with people with SUD and their loved ones, be sure to use evidence-based language instead of referring to treatment as an intervention.

## Terms to avoid, terms to use, and why

Consider using these recommended terms to reduce stigma and negative bias when talking about addiction.

| Instead of… | Use… | Because… |
|---|---|---|
| **Addict**<br>**User**<br>**Substance or drug abuser**<br>**Junkie**<br>**Alcoholic**<br>**Drunk**<br>**Substance dependence**<br>**Former addict**<br>**Reformed addict** | • Person with opioid use disorder (OUD)/SUD or person with opioid addiction<br>• Patient<br>• Person in recovery or long-term recovery<br>**For heavy alcohol use:**<br>• Unhealthy, harmful, or hazardous alcohol use<br>• Person with alcohol use disorder | • Person-first language.<br>• The change shows that a person "has" a problem, rather than "is" the problem.[5]<br>• The terms to avoid elicit negative associations, punitive attitudes, and individual blame.[5] |
| **Addicted baby** | • Baby born to mother who used drugs while pregnant<br>• Baby experiencing withdrawal symptoms from prenatal drug exposure<br>• Baby born with neonatal abstinence syndrome<br>• Newborn exposed to substances | • Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome.<br>• Using person-first language can reduce stigma. |
| **Habit** | • Substance use disorder<br>• Drug addiction | • Inaccurately implies that a person is choosing to use substances or can choose to stop.[6]<br>• "Habit" may undermine the seriousness of the disease. |
| **Abuse** | **For illicit drugs:**<br>• Use<br>**For prescription medications:**<br>• Misuse, used other than prescribed | • The term "abuse" was found to have a high association with negative judgments and punishment.[7]<br>• Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse.<br>• Consider the motivation and intent of misuse (e.g., level, reasons) to determine whether the specific instance suggests SUD. |
| **Opioid substitution**<br>**Replacement therapy** | • Opioid agonist therapy<br>• Medication treatment for OUD<br>• Pharmacotherapy | • It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[6] |
| **Clean** | **For toxicology screen results:**<br>• Testing negative<br>**For non-toxicology purposes:**<br>• Being in remission or recovery<br>• Abstinent from drugs<br>• Not drinking or taking drugs<br>• Not currently or actively using drugs | • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[8]<br>• Set an example with your own language when treating patients who might use stigmatizing slang.<br>• Use of such terms may evoke negative and punitive implicit cognitions.[5] |
| **Dirty** | **For toxicology screen results:**<br>• Testing positive<br>**For non-toxicology purposes:**<br>• Person who uses drugs | • Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[8]<br>• May decrease patients' sense of hope and self-efficacy for change.[5] |


1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5937046
2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854406
3 https://www.tandfonline.com/doi/abs/10.1080/10826084.2019.1581221?journalCode=isum20
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