Language Matters: Shaping the Narrative around Substance Use Disorder and Addiction
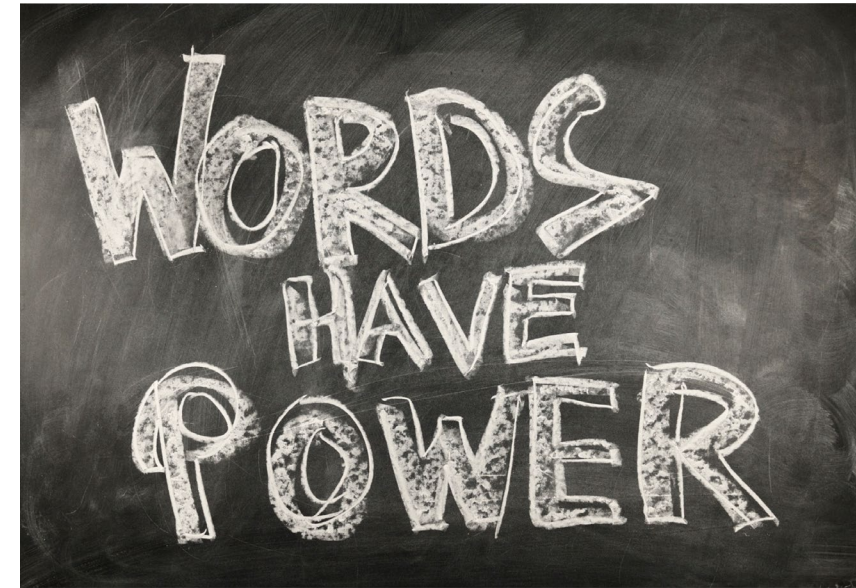
MAY 18, 2024 | THE REV. JAN M. BROWN MS, RCP, CPRS

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OBJECTIVES

- Educate the audience about the impact of stigmatizing language on individuals suffering from substance use disorders and their families.

- Provide practical strategies and guidelines for using respectful, compassionate, and trauma-informed language in various contexts, including media, healthcare, and everyday conversations.

- Encourage participants to reflect on their own language choices and consider how they can contribute to a more compassionate and inclusive conversation on substance use disorder and addiction.

- Inspire participants to become advocates for language reform and to actively promote respectful, compassionate, and trauma-informed narratives around substance use disorder and addiction.

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Facts

- 107,941 drug overdose deaths reported in 2022 (CDC WONDER)

- 81,806 overdose deaths reported in 2022 opioid-involved overdose deaths (CDC WONDER)

- Opioids are a type of drug that includes heroin, synthetic opioids like fentanyl, and prescription opioids like Percocet and Oxycontin.

- Rates of opioid overdose in the United States have quadrupled since 1999 and there are currently over 130 opioid overdose deaths every day. (HRSA)

Overdose Prevention Sites

Overdose prevention sites are places where people who use drugs can bring in previously purchased opioids and other drugs and legally use them under medical supervision. These sites have been suggested in a number of different locations as a way to address the opioid epidemic.

Do you support the legalization of **Overdose Prevention Sites**?

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Safe Consumption Sites

Safe consumption sites are places where people who use drugs can bring in previously purchased opioids and other drugs and legally use them under medical supervision. These sites have been suggested in a number of different locations as a way to address the opioid epidemic.

Do you support the legalization of **Safe Consumption Sites**?

Stigma and Addiction

What is stigma?

Stigma is a **discrimination** against an identifiable group of people, a place, or a nation. Stigma about people with SUD **might include inaccurate or unfounded thoughts** like they are dangerous, incapable of managing treatment, or at fault for their condition.

Where does stigma 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.

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How does stigma affect people with SUD?

Feeling stigmatized can **reduce the willingness of individuals with SUD to seek treatment.**

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**.

Stigmatizing language can **negatively influence health care provider perceptions** of people with SUD, which can impact the care they provide.

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The Real Stigma of Substance Use Disorders

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In a study by the Recovery Research Institute, participants were asked how they felt about two people "actively using drugs and alcohol."

One person was referred to as a "substance abuser"

The other person as "having a substance use disorder."

No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

• less likely to benefit from treatment

• more likely to benefit from punishment

• more likely to be socially threatening

• more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control

• they were more able to control their substance use without help

(Kelly, Saitz, & Wakeman, 2016; Kelly & Westerhoff, 2010; Kelly et al., 2010)

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9

Change the Conversation

TERMS TO AVOID, TERMS TO USE, AND REASONS WHY

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

Instead of...	Use...	Because...
•Addict	•Person with substance use disorder[1]	•Person-first language. •The change shows that a person "has" a problem, rather than "is" the problem.[7] •The terms avoid eliciting negative associations, punitive attitudes, and individual blame.[7]
•User	•Person with OUD or person with opioid addiction (when substance in use is opioids)	
•Substance or drug abuser	•Patient	
•Junkie	•Person in active use; use the person's name, and then say "is in active use."	
•Alcoholic	•Person with alcohol use disorder	
•Drunk	•Person who misuses alcohol/engages in unhealthy/hazardous alcohol use	
•Former addict	•Person in recovery or long-term recovery	
•Reformed addict	•Person who previously used drugs	

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TERMS TO AVOID, TERMS TO USE, AND REASONS WHY

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

Instead of…	Use…	Because…
•Habit	•Substance use disorder •Drug addiction	•Inaccurately implies that a person is choosing to use substances or can choose to stop.[6] •"Habit" may undermine the seriousness of the disease.
•Abuse	**For illicit drugs:** •Use **For prescription medications:** •Misuse •Used other than prescribed	•The term "abuse" was found to have a high association with negative judgments and punishment.[9] •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.
•Opioid substitution replacement therapy •Medication-assisted treatment (MAT)	•Opioid agonist therapy •Pharmacotherapy •Addiction medication •Medication for a substance use disorder •Medication for opioid use disorder (MOUD)	•It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[6] •The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient's treatment plan.

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TERMS TO AVOID, TERMS TO USE, AND REASONS WHY

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

•Clean	**For toxicology screen results:** •Testing negative **For non-toxicology purposes:** •Being in remission or recovery •Abstinent from drugs •Not drinking or taking drugs •Not currently or actively using drugs	•Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] •Set an example with your own language when treating patients who might use stigmatizing slang. •Use of such terms may evoke negative and punitive implicit cognitions.[7]
•Dirty	**For toxicology screen results:** •Testing positive **For non-toxicology purposes:** •Person who uses drugs	•Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[9] •May decrease patients' sense of hope and self-efficacy for change.[7]
•Addicted baby	•Baby born to mother who used drugs while pregnant •Baby with signs of withdrawal from prenatal drug exposure •Baby with neonatal opioid withdrawal/neonatal abstinence syndrome •Newborn exposed to substances	•Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. •Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[10] •Using person-first language can reduce stigma.

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How can we change stigmatizing language?

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.

Professionals should **"take all steps necessary to reduce the potential for stigma and negative bias."** Do so by learning the terms to avoid and use.

Use person-first language and let individuals choose how they are described. Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates people 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.

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Addictionary

If we want addiction destigmatized, we need a language that's unified.

The words we use matter. Caution needs to be taken, especially when the disorders concerned are heavily stigmatized as substance use disorders are.

https://www.recoveryanswers.org/addiction-ary/

Language Matters

SAY THIS | NOT THAT

Say This	Not That
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

Recovery Dialects – When and Where to Use

Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
Addict	✓	STOP	STOP	STOP	STOP
Alcoholic	✓	STOP	STOP	STOP	STOP
Substance Abuser	STOP	STOP	STOP	STOP	STOP
Opioid Addict	✓	STOP	STOP	STOP	STOP
Relapse	✓	STOP	STOP	STOP	STOP
Medication Assisted Treatment	STOP	STOP	STOP	STOP	STOP
Medication Assisted Recovery	✓	✓	✓	✓	✓
Person w/ a Substance Use Disorder	✓	✓	✓	✓	✓
Person w/ an Alcohol Use Disorder	✓	✓	✓	✓	✓
Person w/ an Opioid Use Disorder	✓	✓	✓	✓	✓
Long-term Recovery	✓	✓	✓	✓	✓
Pharmacotherapy	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 189, 131–138.

This is a helpful reference guide to use when referring to people who have a substance use disorder, who use drugs and alcohol, who have returned to drug use, and who take medication as a pathway of recovery.

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The Words Matter Pledge – Johns Hopkins Medicine

I understand that the language I use relating to addiction is important. I believe that words matter and that using the right language helps decrease stigma. I will choose language that leads to more effective treatment and compassionate support in families and communities for those with substance use disorders.

I pledge to:

Treat all people with a substance use disorder with dignity and respect.

Talk about substance use disorder as a chronic illness, not a moral failing.

Be a leader in reducing stigma and promoting recovery from this disease.

https://jh.qualtrics.com/jfe/form/SV_0vybFkbF7BGZ3V4

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What else can I do?

Questions & Responses

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Thank you

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