



The Changing the Language of Addiction: Words Matter.

Prepared by Mark Stanford, PhD

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Words Matter.* Office of National Drug Control Policy.

“...In discussing substance use disorders, words can be powerful when used to inform, clarify, encourage, support, enlighten, and unify. On the other hand, stigmatizing words often discourage, isolate, misinform, shame, and embarrass...”

SAMHSA. *Substance Use Disorders: A Guide to the Use of Language.*

Why does language matter for persons with substance use and co-occurring disorders?

In the scientific arena, the routine vocabulary of health care professionals and researchers frames illness¹ and shapes medical judgments. When these terms then enter the public arena, they convey social norms and attitudes. As part of their professional duty, clinicians strive to use language that accurately reflects science, promotes evidence-based treatment, and demonstrates respect for patients.

Stigma remains one of the biggest barrier to addiction treatment faced by patients. The terminology used to describe substances use disorders has contributed greatly to the stigma. Many derogatory and stigmatizing terms were championed throughout the “War on Drugs” in an effort to dissuade people from misusing substances. Education took a backseat, mainly because little was known about the science of addiction.

That has changed, and the language of addiction medicine and treatment should be changed to reflect today’s greater understanding. By choosing language that is not stigmatizing, we can begin to dismantle the negative stereotype associated with substance use conditions and its treatment. We can learn from psychiatry where, years ago, reframed the reference from *mental illness* to *mental health* and as the science became more sophisticated, the language to describe mental health conditions also changed.

Changing the stigma associated with substance use disorders will benefit everyone. It will allow patients to more easily regain their self-esteem, allow lawmakers to appropriate funding, allow doctors to treat without disapproval of their peers, allow insurers to cover treatment, and help the public understand this is a medical condition as real as any other.

Choosing the words we use more carefully is one way we can all make a difference and help decrease the stigma.

Summary of those words to avoid and some alternatives.

PROBLEM WITH THE TERM/WORD:	BETTER ALTERNATIVE:
<i>Addict, Abuser, Junkie, Druggie, User</i>	Person who has a substance use disorder (or condition), not is an addict. Use the word <i>patient</i> if the person is receiving treatment. As with other illnesses, the word <i>patient</i> accurately refers to a person who is being treated for a substance use disorder. It reinforces the fact that substance use conditions are indeed health issues. It replaces stigmatizing labels like addict, user, abuser, etc.
<i>Consumer, Customer, Client</i>	See above. As with other illnesses, the word <i>patient</i> accurately refers to a person who is being treated.
<i>Abuse</i>	Substance use condition, (or disorder), misuse, harmful use, inappropriate use, hazardous use, problem use, risky use.
<i>Clean, Dirty</i> (when referring to drug test/lab results)	Negative or positive test results
<i>Habit or Drug Habit</i>	Substance use disorder (or specifically to the substance; alcohol use disorder, opioid use disorder, methamphetamine use disorder, etc.)
<i>Drug Rehab</i>	Treatment
<i>Replacement, Substitution Therapy</i> (for medication-assisted treatment)	Treatment, medication-assisted treatment, medication.
<i>Drug-Free</i> (Falsely implies that someone cannot be in recovery if they are consuming any mind or mood altering substances. Discounts the efficacy of medication-assisted treatment for recovery and medications for co-occurring disorders).	A medication-assisted treatment patient is abstinent if he or she is not using illegal drugs or unprescribed medication, not drinking, and using prescribed medication as instructed. Whether on a medication or not is tangential to whether there is a solid recovery process.
He <i>committed</i> suicide	He died of (or by) suicide
She <i>is</i> bi-polar	She has bi-polar disorder
He <i>is</i> an addict	He has an addiction, or has a substance use condition
Patient is <i>non-compliant</i>	Is the treatment working?
<i>Provider</i>	Health Care Professional

The following are stigmatizing words and phrases that should be replaced with the suggested “**better alternative**” as a start in reducing the stigma associated with substance use disorders and its treatment.

ADDICT, ABUSER, USER, JUNKIE, DRUGGIE

Problem with the terms: These terms are demeaning because they label a person by his/her illness. By making no distinction between the person and the disease, they deny the dignity and humanity of the individual. In addition, these labels imply a permanency to the condition, leaving no room for a change in status.

Better alternative: Person who has a substance use disorder (or condition), person experiencing an alcohol/drug problem, patient (if referring to an individual receiving treatment services).

ABUSE

Problem with the term: Although “abuse” is a clinical diagnosis in the DSM-IV and ICD10, it is stigmatizing because: (1) it negates the fact that addictive disorders are a medical condition; (2) it blames the illness solely on the individual with the illness, ignoring environmental and genetic factors, as well as the ability of substances to alter brain chemistry; (3) it absolves those selling and promoting addictive substances of any wrong doing; and (4) it feeds into the stigma experienced not only by individuals with addictive disorders, but also family members and the addiction treatment field.

The DSM-5 has better diagnostic terms, abandoning the word *addiction* altogether and replacing it with the research-based phrase, *substance use disorders*, of which there are several subtypes based on severity.

Better alternative: Misuse, harmful use, inappropriate use, hazardous use, problem use, risky use.

CLEAN, DIRTY (when referring to drug test results)

Problem with the terms: Commonly used to describe drug test results, these terms are stigmatizing because they associate illness symptoms (i.e. positive drug tests) with filth.

Better alternative: Negative, positive

HABIT OR DRUG HABIT

Problem with the terms: Calling substance use disorders a habit denies the medical nature of the condition and implies that resolution of the problem is simply a matter of willpower in being able to stop the bad habit.

Better alternative: Substance use disorder

DRUG REHAB

Problem with the term: Decades ago, before any advances were made in the scientific research of substance use disorders, it was generally believed that "addicts" were people who made bad choices about their drinking and/or use problems. Describing addiction as a manifestation of poor moral character and bad decision making references back to an earlier, more ignorant time in the health care profession. Science now shows that addiction, including alcoholism, is not a

simple phenomenon. It stems from multiple causes rather than on character flaws requiring rehabilitation.

Better alternative: Treatment

REPLACEMENT, SUBSTITUTION THERAPY

Problem with the terms: This implies that treatment medications such as methadone or buprenorphine are equal to street drugs like heroin. The term suggests a lateral move from illegal addiction to legal addiction, and this does not accurately characterize the true nature of the treatment. The essence of substance use disorders is uncontrollable compulsive behavior and continued use despite adverse consequences. With successful medication-assisted treatment, as part of a comprehensive treatment plan, health and wellness are restored.

Better alternative: Treatment, medication-assisted treatment, medication.

USER

Problem with the term: The term is stigmatizing because it labels a person by his/her behavior. It is also misleading because the term user has come to refer to one who is engaged in risky misuse of substances, but ‘use’ alone is not necessarily problematic.

Better alternative: Referring to use: person who misuses alcohol/drugs. Referring to misuse: person engaged in risky use of substances.

WORDS MATTER

The following terms are considered effective in furthering public understanding of substance use disorders as a medical issue, which, in turn, provides impact in reducing stigma and stereotyping.

SUBSTANCE USE DISORDERS (CONDITIONS)

Why it works: This widely understood term describes “uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences.” There is a distinction between addiction (or compulsive use) and physical dependence, although the words are often incorrectly used interchangeably. Addiction (compulsive use) involves both social and health problems, whereas physical dependence only involves health.

MEDICATION-ASSISTED TREATMENT

Why it works: This is a practical, accurate, and non-stigmatizing term to describe addiction treatment with medically monitored pharmacological medications such as methadone, naltrexone, buprenorphine and other medications.

REMISSION

Why it works: It is medical/clinical terminology that describes a period of time in which the signs and symptoms of the illness have disappeared. It emphasizes that severe and chronically relapsing substance use disorders is indeed a medical condition. Caveat: Prior to this, remission was seldom used in conjunction with substance use disorders.

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