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The National Alliance of Advocates for Buprenorphine Treatment
The Words We Use Matter. Reducing Stigma through Language.

Why does language matter?

Stigma remains the biggest barrier to addiction treatment faced by patients. The terminology used to describe addiction has contributed to the stigma. Many derogatory, 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 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 addiction.

Changing the stigma 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.



"...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..."

Excerpt from "Substance Use Disorders: A Guide to the Use of Language" published by CSAT and SAMHSA

Words to avoid and alternatives.

Following are stigmatizing words and phrases which could be replaced with the *suggested* "preferred terminology" as a start in reducing the stigma associated with addiction.

Addict, Abuser, Junkie

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.

Preferred terminology: Person in active addiction, person with a substance misuse disorder, 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.

Preferred terminology: 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.

Preferred terminology: Negative, positive, substance-free.

Habit or Drug Habit

Problem with the terms: Calling addictive 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 habitual behavior.

Preferred terminology: Substance misuse disorder, alcohol and drug disorder, alcohol and drug disease, active addiction.

Replacement or Substitution Therapy

Problem with the terms: This implies that treatment medications such as 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 addiction is uncontrollable compulsive behavior. The first goal of addiction treatment is to stop this dangerous addictive behavior. With successful buprenorphine therapy, as part of a comprehensive treatment plan, the dangerous addictive behavior is stopped not replaced

Preferred terminology: 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.

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

See this sheet's companion web page at www.naabt.org/language

**“Words are important.
If you want to care for something, you call it a ‘flower’;
if you want to kill something, you call it a ‘weed’.”**

~ Don Coyhis²

Words that Work and Why.

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

Addiction

Why it works: This widely understood term describes “uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences.”¹ There is a distinction between addiction and physical dependence, although the words are often incorrectly used interchangeably. Addiction involves both social and health problems, whereas physical dependence only involves health.

Caveats: Clinically speaking, both the DSM-IV and the ICD10 use the phrase “substance dependence”, not ‘addiction’ although the definitions are the same.

Addiction Free

Why it works: Indicates the patient is free from the dangerous compulsive behaviors of addiction. Less stigmatizing than “clean” or “sober” yet shows the person is no longer in active addiction.

Addiction Survivor

This terminology is in line with other life-threatening diseases. (i.e. cancer survivor) It is a positive indication of a person’s disease status. It is less stigmatizing than “recovering addict”, especially to people unfamiliar with recovery language. It also indicates that a person’s treatment has triumphed over active addiction and shows that the person is substantially past the initial phases of recovery, unlike “in recovery” which doesn’t differentiate between days or decades of addiction-free life.

Addictive Disorder, Addictive Disease

Why it works: By incorporating disorder or disease, these terms reinforce the medical nature of the condition.

Medication-Assisted Treatment

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

Misuse

Why it works: It offers the same intended meaning as what has traditionally been termed as abuse, but without the stigma and judgmental overtones that abuse carries.

Caveat: Some say that technically speaking, one does not misuse a substance when it is used as intended. Example, marijuana is purchased with the intention of being smoked, so technically it is not misused when people smoke it. For this reason, some prefer the terms risky use or problem use.

Patient

Why it works: As with other illnesses, the word accurately refers to a person who is being medically treated for an addictive disorder. It reinforces the fact that addictive disorders are indeed health issues. It replaces stigmatizing labels like addict.

Person(s) or People With...

Why it works: Used in terms such as person(s) or people with addictive disorders, with addictions, or with addictive disease, these modifiers give identity to individuals as people, rather than labeling them by their illness.

Remission

Why it works: It is medical terminology that describes a period of time in which the signs and symptoms of the illness have disappeared. It emphasizes that addiction is indeed a medical condition.

Caveat: Prior to this, remission was seldom used in conjunction with addictive disorders.

See this sheet’s companion web page at www.naabt.org/language

Adapted from: *Substance Use Disorders: A Guide to the Use of Language*. Prepared by TASC, Inc. under contract for the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (DHHS), last rev. 4.12.04

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1 Leshner, Alan. 2001. The essence of drug addiction. Posted at www.jointogether.org, March 21, 2001.
2 White, William. *The Rhetoric of Recovery Advocacy: An Essay On the Power of Language*, 2001.

‘The Words We Choose Matter’ is dedicated in loving memory of John A. Strosnider, DO



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