Wes Moore, Governor · Aruna Miller, Lt. Governor · Emily Keller, Special Secretary of Overdose Response

## **Language Matters**

Using Person-Centered and Descriptive Language to Reduce Stigma Associated with Substance Use Disorders

When we talk about substance use, the words that we use matter.

Individuals face discrimination and prejudice due to a lack of understanding about substance-related disorders. Societal views that treat substance use disorders as a personal or moral failing, as opposed to a treatable health condition, can discourage people from seeking help and accessing care.<sup>1</sup>

Changing the language that we use to talk about substance use and people who use drugs can reduce stigma by refocusing our thoughts and feelings on individuals and their needs as opposed to reducing them to their health conditions. Stigma can be directed at an individual by others (*social stigma*), can be internalized (*self-stigma*), or can be systematic (*structural stigma*), and we all have an opportunity to use person-centered and descriptive language to help reduce societal barriers to substance use care.

**Please note:** Sometimes people directly affected by behavioral health disorders may choose to self-identify in different ways, and those choices should be respected. The aim of this guide is not to police other people's language, which may vary based on their lived experiences and setting. For example, someone self-identifying in a twelve-step meeting may use different words than healthcare professionals, public health officials, academics, journalists, or even family members.

## Change the Script

Instead of	Try this Non-Judgmental Alternative	Because
Drug abuse or Substance abuse	Drug use or substance use "Substance misuse" can be used to	The word "abuse" is stigmatizing and has been shown to lead to negative judgments and punitive treatment
	refer to prescription medications	decisions by providers. <sup>2</sup>

<sup>&</sup>lt;sup>1</sup> Volkow ND, Gordon JA, Koob GF. Choosing appropriate language to reduce the stigma around mental illness and substance use disorders; Neuropsychopharmacology; 2021. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8580983">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8580983</a>.

<sup>&</sup>lt;sup>2</sup> John F. Kelly, Cassandra M. Westerhoff; Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms; International Journal of Drug Policy; 2021; <a href="https://www.sciencedirect.com/science/article/pii/S0955395909001546">https://www.sciencedirect.com/science/article/pii/S0955395909001546</a>.

Instead of	Try this Non-Judgmental Alternative	Because
Addict, Junkie, or Substance abuser	Person with a substance use disorder (SUD)  Person who uses drugs	SUD is a clinical term that appears in the Diagnostic and Statistical Manual of Mental Disorders, whereas addict, junkie, etc., do not.
Alcoholic	Person with alcohol use disorder (AUD)	AUD is a clinical term whereas alcoholic is not.
Clean	In recovery, in remission	"Clean" implies that people who are not in recovery are impure or dirty.
Dirty	Don't use this term at all to describe a person or drug test results. For toxicology screen results, instead use "testing positive," for individuals, use "person who uses drugs."	Words like "dirty" may make someone feel ashamed and could reduce a sense of self-efficacy.
Drug habit	Substance use disorder	"Habit" implies that an individual's challenges with substance use are a choice. It does not reflect that someone may be struggling with an SUD, a clinical diagnosis.
Relapse	Recurrence of use	"Relapse" may be associated with the notion of an individual failure. In reality, a recurrence of substance use is one of the main symptoms of SUD and should not be considered a failure.
Opioid Replacement Replacing One Drug for Another	Medications for opioid use disorder (MOUD)  Pharmacotherapy  Opioid agonist therapy	MOUDs are evidence-based treatments for opioid use disorder. "Replacement" or "substitution" implies that MOUDs are not clinically significant on their own, which is false. "Substituting one drug for another" suggests that an individual will still have an SUD even on MOUD. This is false – many people on MOUD enjoy a high quality of life in recovery.

Find more terminology and related resources, including resources for professionals, at <u>NIDA</u>.