

THE LANGUAGE OF STIGMA

REVIEWING POTENTIALLY STIGMATIZING TERMINOLOGY

“LANGUAGE frames what the public thinks about substance use... and it can also affect how individuals think about themselves and their own ability to change.”¹

Until recently, most people believed that individuals experiencing addiction were making a choice in their actions (for example, continuing to use substances despite negative consequences). But addiction research and developments in neuroscience have proven that substance use disorder (SUD) is actually a persistent brain disease. Dr. Nora Volkow explains: “Repeated substance use changes key brain circuits in fundamental ways. . . [P]eople who become addicted . . . experience distress when not using, and diminished ability to resist the drug-seeking urge or follow through with decisions to quit. Thus, addiction is not a weakness of willpower or a moral failing—it is a medical issue.”² The historical view of addiction as a choice has created a culture of judgment and blame, resulting in policies and practices that promote stigma and discourage people from seeking treatment. While there is growing acceptance of the medical nature of SUD, stigma lives on.

Much of the language used to describe people with SUD and the symptoms of their disease is a manifestation of stigma. In 2014, Broyles, et al. stated, “[L]anguage intentionally and unintentionally propagates stigma: the mark of dishonor, disgrace, and difference that depersonalizes people. . . Stigma is harmful, distressing, and marginalizing to the individuals, groups, and populations who bear it.” They appealed “for the use of language that: Respects the worth and dignity of all persons (‘people-first language’); Focuses on the medical nature of substance use disorders and treatment; Promotes the recovery process; and Avoids perpetuating negative stereotypes and biases through the use of slang and idioms.”³ **Stigmatizing language affects attitudes and behavior.** Kelly, et al. (2016)⁴ found clear bias based on how a person was described:

The Real Stigma of Substance Use Disorders



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 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

But there is ongoing debate about which terms are stigmatizing and what terms to use in their place. Some of the suggested alternatives are awkward or lengthy. Some terms are so ingrained it will literally take an act of Congress to change them. For example, the name of the federal Substance Abuse and Mental Health Services Administration includes a term now considered potentially stigmatizing (“substance abuse”). Some words are clearly disrespectful (“dirty,” “junkie”), while others are not so obvious. Terms now being questioned were recent advances from earlier labels determined to be inaccurate or stigmatizing. The term “Medication-Assisted Treatment” replaced “Opiate Substitution Treatment” not that long ago, but is now being questioned because it separates treatment for SUD from other health conditions. (Someone with diabetes is not considered to be on “Medication-Assisted Treatment” when they are prescribed insulin to manage their disease.) Even the term that describes the field may have stigmatizing implications. Is the treatment of SUD really “behavioral health” or just another aspect of health care? Some, including people in recovery, believe the adjective “behavioral” reinforces general perceptions that SUD is a behavior rather than a disease.

It’s complicated, and adopting the most respectful changes to our language will take time . . . time to sort out the best terminology and time for our culture to evolve. The list that follows is not intended to be an authoritative guide, but rather a tool for individuals and organizations to consider as they confront the issue of stigmatizing language. It is intended to start conversations and hopefully initiate changes that will ultimately reduce the stigma associated with the disease of addiction.

“Being mindful about the words we use is not about being politically correct. Language is powerful and it is the power of language which makes it an important . . . tool to empower clients and fight stigma.”⁵

CITATIONS

¹ Lauren M. Broyles, Ingrid A. Binswanger, Jennifer A. Jenkins, Deborah S. Finnell, Babalola Faseru, Alan Cavaiola, Marianne Pugatch & Adam J. Gordon (2014) *Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response*, *Substance Abuse*, 35:3, 217-221, DOI: [10.1080/08897077.2014.930372](https://doi.org/10.1080/08897077.2014.930372)
Available online: <https://www.recoveryanswers.org/addiction-ary/>

² NIDA. (2016, October 27). *Rethinking How We Talk About Addiction*.
Available online: <https://www.drugabuse.gov/about-nida/noras-blog/2016/10/rethinking-how-we-talk-about-addiction>

³ Broyles, et al. (2014).

⁴ John F. Kelly, Richard Saitz & Sarah Wakeman (2016) *Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on “Addiction-ary”*, *Alcoholism Treatment Quarterly*, 34:1, DOI: [10.1080/07347324.2016.1113103](https://doi.org/10.1080/07347324.2016.1113103)
Available online: <https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/>

⁵ Network of Alcohol and Other Drugs Agencies, Australia, *Language Matters*.
Available online: https://www.nada.org.au/wp-content/uploads/2018/03/language_matters_online_final.pdf

THE LANGUAGE OF STIGMA: RECONSIDERING HOW WE TALK ABOUT ADDICTION

KEY RECOMMENDATIONS: *

- » Emphasize the person first by structuring sentences to name the person first and the condition or disease second. Person-first language confirms that the disease is secondary and not the primary characteristic of the individual's identity. "What is considered 'person-centred' will depend on the individual and the context. Terms, like 'recovery' for example, might be stigmatising for some, while others may prefer such terminology. . . What is important is that we are respectful and person-centred in our approach."
- » When appropriate ask the person what language they prefer and respect their wishes.
- » Choose terms that are strengths-based and empowering. Use terms that affirm a person's agency, choice, and preferences.
- » Be aware of the context of the language being used. Some terms are OK when used by members of a specific community as a means of claiming identity; the same terms can be stigmatizing when used by people outside that community.
- » Be careful not to take on the biases of others. Your language should respect a diversity of experience and empower the person who is looking to you for help.

* The Network of Alcohol and Other Drugs Agencies, Australia, <https://www.nada.org.au/news/new-resource-language-matters/>

TERMINOLOGY TO RECONSIDER: **

ABUSER / ADDICT / ALCOHOLIC / DRUNK / JUNKIE

(STIGMA ALERT) A person who exhibits impaired control over engaging in substance use (or other reward-seeking behavior, such as gambling) despite suffering often severe harms caused by such activity. In experimental research, the word "abuser" was found to increase stigma, which can affect quality of care and act as a barrier to treatment seeking in individuals with addiction issues. Instead, many have recommended the use of terms that reflect a disorder and use of "person first" language. Instead of describing someone as a "drug abuser," it may be less stigmatizing and more medically accurate to describe them as "a person with addiction or substance use disorder." ([Kelly, et al. 2016](#); [Glass, Williams, 2018](#))

BEHAVIORAL HEALTH

(STIGMA ALERT) The National Alliance on Mental Illness has determined "the term 'behavioral health' obscures the reality of the need of millions of Americans for timely, effective treatment, particularly of co-occurring mental health and substance use disorder conditions. Also, **because behavior is perceived as a matter of choice ('good' or 'bad' behavior), the very term 'behavioral health' can add to the stigma and discrimination endured by people living with a mental illness [or substance use disorder].**" (<https://www.nami.org/About-NAMI/Policy-Platform/Stigma-and-Discrimination>)

CLEAN

(STIGMA ALERT) A reference to a state of a person being abstinent from harmful use of drugs. It may also be used in describing urine test results that are not positive for substance use. The term has been viewed as potentially stigmatizing because of its pejorative connotation, with the opposite being "dirty." Instead, many in the field

advocate for use of proper medical terminology such as describing someone as an individual in remission or recovery and describing urine toxicology test results as either negative or positive. ([Kelly, et al. 2015](#))

CO-DEPENDENCY

(STIGMA ALERT) Immoderate emotional or psychological reliance on a partner. Often used with regard to a partner needing support due to an illness or disease (e.g. substance use disorder). The term has been viewed as stigmatizing as it tends to pathologize family members' concern and care for their loved one and may increase their shame.

DIRTY

(STIGMA ALERT) A reference to a urine test that is positive for substance use, or a person still using substances. This term is viewed as stigmatizing because of its pejorative connotation. Instead, it is recommended to use proper medical terminology such as an individual having positive test results or currently to exhibit symptoms of substance use disorder.

DOPE SICK

(STIGMA ALERT) A slang term used to reference withdrawal symptoms from opioids, such as heroin. It is preferable to use more accurate terminology such as experiencing withdrawal symptoms.

DRUG

(STIGMA ALERT) Drug can mean either a "medication" or a "non-medically used psychoactive substance." The term drug has a stigma alert due to its ambiguity which may create a barrier to accessing prescription medications in cases where their use *IS* medically appropriate. Many advocate instead to use "medication" or "(controlled) substance" to decrease stigma and communicate with greater specificity.

DRUG ABUSE

(STIGMA ALERT) A term sometimes used to describe an array of problems resulting from intensive use of psychoactive substances. It has also been used as a diagnostic label. According to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), "substance abuse" is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress.

DRY DRUNK

(STIGMA ALERT) Originating in the 1970's book, *The Dry Drunk Syndrome*, by R.J. Solberg, the term is defined as *the presence of actions and attitudes that characterize the individual with the alcohol use disorder prior to recovery*. Widely adopted by the [Alcoholics Anonymous](#) and [peer support communities](#), this term identifies individuals who no longer use alcohol, but continue to behave dysfunction-ally (e.g. express rage/anger, intense fear), or regress in personal growth or within their recovery program.

ENABLING

(STIGMA ALERT) Actions that typically involve removing or diminishing the naturally occurring negative consequences resulting from substance use, increasing the likelihood of disease progression. This term has a stigma alert due to the inference of judgement and blame typically of the concerned loved-one.

LAPSE / SLIP

(STIGMA ALERT) Non-technical terms. They imply a short-term resumption of substance use or heavy/hazardous use that is followed by a return to the original goal of moderate use or abstinence. This term has a stigma alert due to its potentially moral meanings rooted in morality and religion (e.g. lapse in grace), and implied “accidental” manifestation (e.g. lapse in judgement). Many advocate instead to use the terms “resumed,” or “experienced a recurrence” of substance use or SUD symptoms. ([White, 2010](#))

MEDICATION-ASSISTED TREATMENT

(STIGMA ALERT) Medication-assisted treatment (MAT) refers to medications to treat substance use disorders. This term may create a double standard for substance use disorder treatment, as no other medications used to treat other health conditions are referred to as ‘assisted’ treatment. In addition, this term has been issued a stigma alert as it may not fully appreciate research that has shown that with or without psychosocial support, medications are effective treatments for addiction – hence, the term “assisted” may undervalue the role of the medication. Many advocate instead to simply state “medications for addiction treatment,” “MAT” or use the term “pharmacotherapy.”

OPIOID SUBSTITUTION TREATMENT (OST)

(STIGMA ALERT) An outdated term for use of medications to treat opioid use disorder symptoms and craving, also referred to as “opioid substitution therapy,” “opioid maintenance therapy” or “mediation-assisted therapy.” These terms could imply that one is simply swapping one addiction for another, replacing an illegal opioid, such as heroin, with a legal opioid. Research has shown that with or without psychosocial support, opioid agonist and antagonist medications are effective treatments for opioid use disorder. In addition, this term may create a double standard for substance use disorder treatment, as no other medications used to treat other health conditions are referred to as “replacements.” Many advocate instead to use the term “medications for addiction treatment,” “MAT” or “pharmacotherapy.”

PHYSICAL DEPENDENCE

(STIGMA ALERT) This term may be stigmatizing when used to describe tolerance and withdrawal, as the term implies true dependence. However, this term does not meet the World Health Organization (WHO) [International Classification of Diseases \(ICD-10\)](#) diagnostic criteria for dependence, which would include at least one psychological component in addition to the physical symptoms.

PRESCRIPTION DRUG MISUSE

(STIGMA ALERT) The use of a medication without a prescription or usage of a drug in a way other than as prescribed; or for the experience or euphoric feeling elicited. This term is used interchangeably with “non-medically used psychoactive substance” or “prescription drug abuse”. This term has a stigma alert as the word “misuse” is thought by some people as an expression of negative judgement. Instead, use [clear, unambiguous, non-stigmatizing terminology](#) such as “non-medical use (of a controlled medicine).”

RELAPSE

(STIGMA ALERT) Relapse often indicates a recurrence of substance use. This term has a stigma alert, as it can imply a moral failing for some people. Instead it may be preferable to use morally neutral terms such as “resumed use,” or experienced a “recurrence” of symptoms. ([Hubbard et al., 1997](#); [Hunt et al., 1971](#); [White, 2010](#))

SUBSTANCE ABUSE / MISUSE

(STIGMA ALERT) A term sometimes used to describe an array of problems resulting from intensive use of psychoactive substances, or the use of a substance for unintended or intended purposes in improper amounts or doses. The term has a stigma alert, as some people believe it implies negative judgement and blame. Instead, many recommend using the terms “substance use” or “non-medical use.”

SUFFERING FROM ADDICTION / HAS A DRUG HABIT

(STIGMA ALERT) Avoid expressions like ‘has a drug habit’ or ‘suffering from addiction’ which can disempower a person by trivializing or sensationalizing their AOD use. (<https://www.nada.org.au/news/new-resource-language-matters/>)

Unless otherwise noted, sourced from Recovery Research Institute’s **ADDICTIONARY™
 The Recovery Research Institute is a leading nonprofit research institute of
 Massachusetts General Hospital, an affiliate of Harvard Medical School.



ADDICTIONARY™

RESOURCES FROM THE RECOVERY RESEARCH INSTITUTE

[Learn more about: Pharmacotherapy and medications for substance use disorder](#)

[Learn more about: Resources for family and friends](#)

[Read more about: Does it really matter how we talk about addiction?](#)

[Read more about: How to correctly talk about addiction](#)

[Read the research: The Real Stigma of Substance Use Disorders](#)

OTHER RESOURCES

American Psychological Association: <https://www.apastyle.org/manual/related/nonhandicapping-language>

Matua Raki, New Zealand: https://www.matuaraki.org.nz/uploads/images/resource%20images/LM_poster.JPG.JPG

NAMI: <https://www.nami.org/About-NAMI/Policy-Platform/Stigma-and-Discrimination>

National Institute of Drug Abuse, Dr. Nora Volkow: <https://www.drugabuse.gov/about-nida/noras-blog/2016/10/rethinking-how-we-talk-about-addiction>

National Institutes of Health: <https://www.nih.gov/about-nih/what-we-do/science-health-public-trust/perspectives/science-health-public-trust/science-health-public-trust/addiction-substance-use-disorders-tips-communicating-without-stigma>

Network of Alcohol and Other Drugs Agencies, Australia: https://www.nada.org.au/wp-content/uploads/2018/03/language_matters_-_online_-_final.pdf

Office of National Drug Control Policy: <https://obamawhitehouse.archives.gov/ondcp/changing-the-language-draft>

Scotland’s Anti-Stigma Campaign **See Me**: <https://www.seemescotland.org/resources/>

Shatterproof: <http://shatterproof.prod.acquia-sites.com/sites/default/files/2017-10/stigma-one-sheet.pdf>

World Health Organization: https://www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/