

It's Not Just Semantics: Examining the language of addiction treatment and recovery

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October 1st, 2019



Objectives

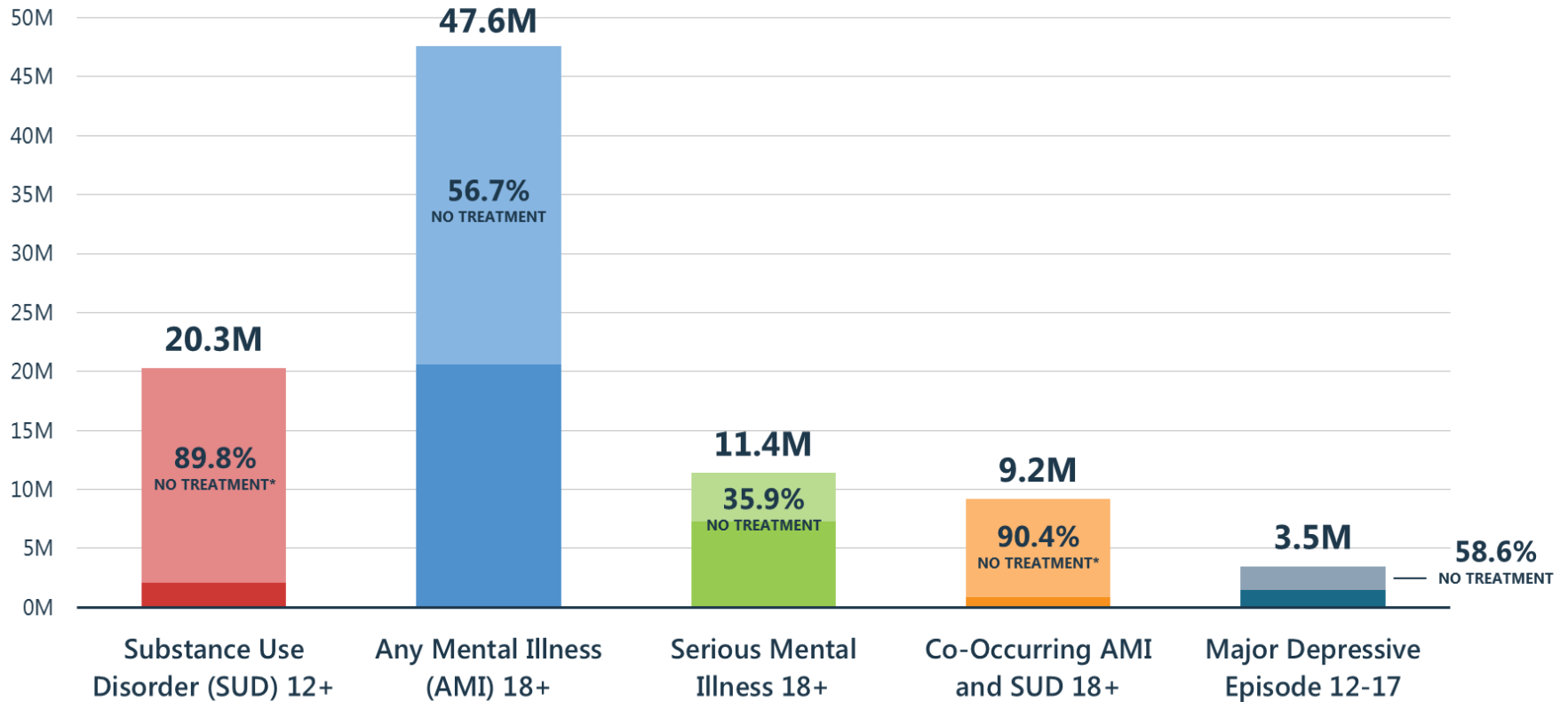
- Identify how shifts in language can reduce stigma associated with addictive disorders
- Identify the risks of certain language to client outcomes, help-seeking, and treatment engagement
- Review recommendations for clinical non-stigmatizing language for the treatment of substance use disorders

“The choice of language and terminology used is particularly important when it comes to alcohol or drug use disorders because whether we are aware of it or not, the use of certain terms can perpetuate stigmatizing attitudes that influence the effectiveness of our social and public health policies for addressing them. In fact, rigorous scientific investigations have now shown that certain commonly used terms in the addiction field, may actually induce implicit cognitive biases against those suffering from addiction. Such research has made it difficult to trivialize and dismiss the terminology debate as merely ‘semantics’ or a linguistic preference for “political correctness.””

- Kelly, Saitz, and Wakeman, 2016

SAMHSA 2018 National Survey on Drug Use and Health Data- Treatment Gaps

PAST YEAR, 2018 NSDUH, 12+



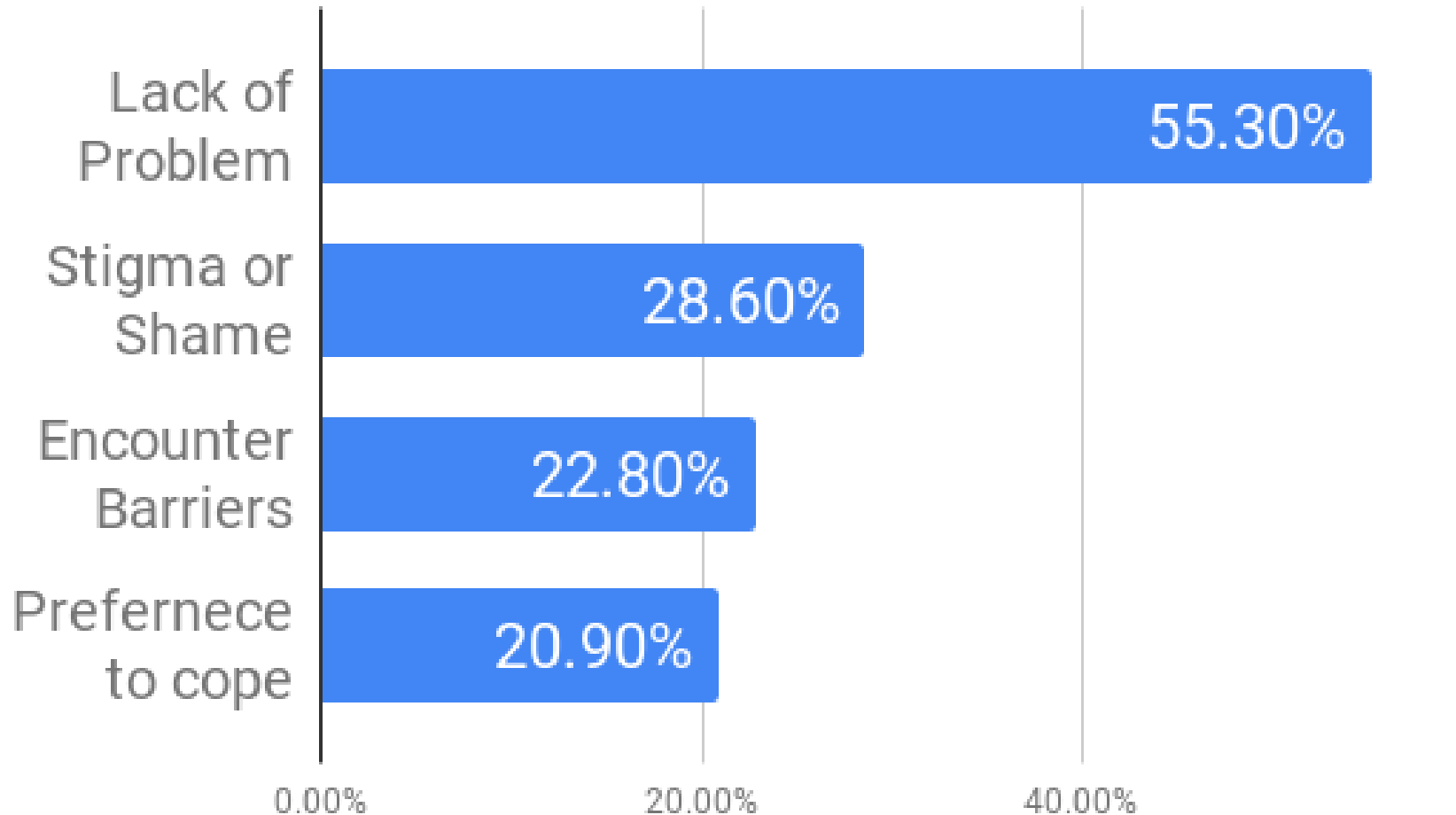
* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Barriers to treatment

28% individuals in need of substance use treatment report not obtaining help due to stigma

- 2017 Center for Behavioral Health Statistics and Quality

Reason for not seeking treatment



Probst, C. Manthey, J., Martinez, A., & Rehm, J. (2015). Alcohol use disorder severity and reported reasons not to seek treatment: A cross-sectional study in European primary care practices. *Substance Abuse Treatment, Prevention, and Policy*, 10:32.

Non-stigmatized conditions

Low perceived fault
Low perceived control

High Perceived fault
High perceived control

Stigmatized Conditions

Stigma

- Stigma is defined as an attribute, behavior, or condition that is socially discrediting
- Across multiple domains:
 - Individuals with SUD or concerns about substance use
 - Treatment and healthcare professionals
 - The general public

Stigma

- Effects quality of healthcare service delivery
- Impacts recommendations of SUD treatment services and treatment planning
- Prevents individuals from seeking treatment
- Individuals wait longer to seek treatment

Stigma

- Implicit and Explicit Bias
- Public perception is influenced by language used to describe behavioral health disorders
- Impacts public support related to policy, funding, and social distance

- Language can perpetuate or attenuate stigma
- Language is modifiable influence over stigma associated with SUD and addictive behaviors
- Opportunity for treatment providers to advocate and influence change to help reduce stigma

Current language

- Multiple competing terminology
- Lack of common language contributes to confusion and misunderstanding in the public
- Perpetuates social stigma
- Can discourage, isolate, misinform, shame, and embarrass
- Conveys that the individuals are morally responsible for their disease

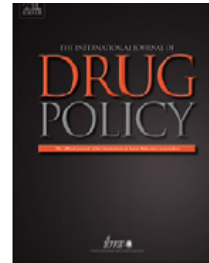


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International Journal of Drug Policy

journal homepage: www.elsevier.com/locate/drugpo



Research paper

Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms[☆]

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ARTICLE INFO

Article history:

Received 9 July 2009

Received in revised form 2 October 2009

Accepted 13 October 2009

Available online xxx

ABSTRACT

Objective: Stigma is a frequently cited barrier to help-seeking for many with substance-related conditions. Common ways of describing individuals with such problems may perpetuate or diminish stigmatizing attitudes yet little research exists to inform this debate. We sought to determine whether referring to an individual as “a substance abuser” vs. “having a substance use disorder” evokes different judgments about behavioral self-regulation, social threat, and treatment vs. punishment.

Methods: A randomized, between-subjects, cross-sectional design was utilized. Participants were asked



Kelly & Westerhoff, 2010

- 516 mental health and addiction clinicians attending two professional conferences
- Answered survey questions based on case vignettes referring to the client as either a “substance abuser” or “person with a substance use disorder”
- Participants were asked to read a vignette containing one of the two terms and to rate their agreement with a number of related statements.

“Substance Abuser”

Mr. Williams is a **substance abuser** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has been a **substance abuser** for the past few years. He now awaits his appointment with the judge to determine his status.

“Substance Use Disorder”

Mr. Williams has a **substance use disorder** and is attending a treatment program through the court. As part of the program Mr. Williams is required to remain abstinent from alcohol and other drugs. He has been compliant with program requirements, until one month ago, when he was found to have two positive urine toxicology screens which revealed drug use and a breathalyzer reading which revealed alcohol consumption. Within the past month there was a further urine toxicology screen revealing drug use. Mr. Williams has had a **substance use disorder** for the past few years. He now awaits his appointment with the judge to determine his status.

- Questions explored clinician perspective on treatment vs punishment for each client example
- Significant difference in clinician perception between the two client examples
- Clinicians assigned the “substance abuser” term were significantly more in agreement with the notion that the character was personally culpable for his condition and more likely to agree that punitive measures be taken compared to subjects assigned the “substance use disorder” term

- Examples of statements endorsed for the substance abuser:
 - “His problem is caused by a reckless lifestyle”
 - “Mr. Williams is responsible for causing his problem”
 - “He should be given some kind of jail sentence to serve as a wake-upcall”
 - “His problem is caused by poor choices that he made”

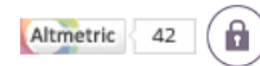
Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empirical Investigation with Two Commonly Used Terms

John F. Kelly, Sarah J. Dow, Cara Westerhoff

First Published October 1, 2010 | Research Article

<https://doi.org/10.1177/002204261004000403>

[Article information](#) ▾



Abstract

Substance-related terminology is often a contentious topic because certain terms may convey meanings that have stigmatizing consequences and present a barrier to treatment. Chief among these are the labels, “abuse” and “abuser.” While intense rhetoric has persisted on this topic, little empirical information exists to inform this debate. We tested whether referring to an individual as “a substance abuser (SA)” versus “having a substance use disorder” (SUD) evokes different judgments about treatment need, punishment, social threat, problem etiology, and self-regulation. Participants (N = 314, 76% female, 81% White, M age 38) from an urban setting completed an online 35-item assessment comparing two individuals labeled with these terms. Dependent t-tests were used to examine subscale differences. Compared to the SUD individual, the SA was perceived as engaging in willful misconduct, a greater social threat, and more deserving of punishment. The “abuser” label may perpetuate stigmatizing attitudes and serve as a barrier to help-seeking.

SAGE Recommends ▾

Kelly, Dow, and Westerhoff 2010

- 314 participants completed an online 35-item assessment on two individuals labeled with the terms substance abuser and substance use disorder
- Participants answered questions comparing the two individuals in regards to their substance use controllability and etiology
- “Two individuals are actively using drugs and alcohol. One is a substance abuser and one has a substance use disorder. The following questions ask you to compare these two individuals.”

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.

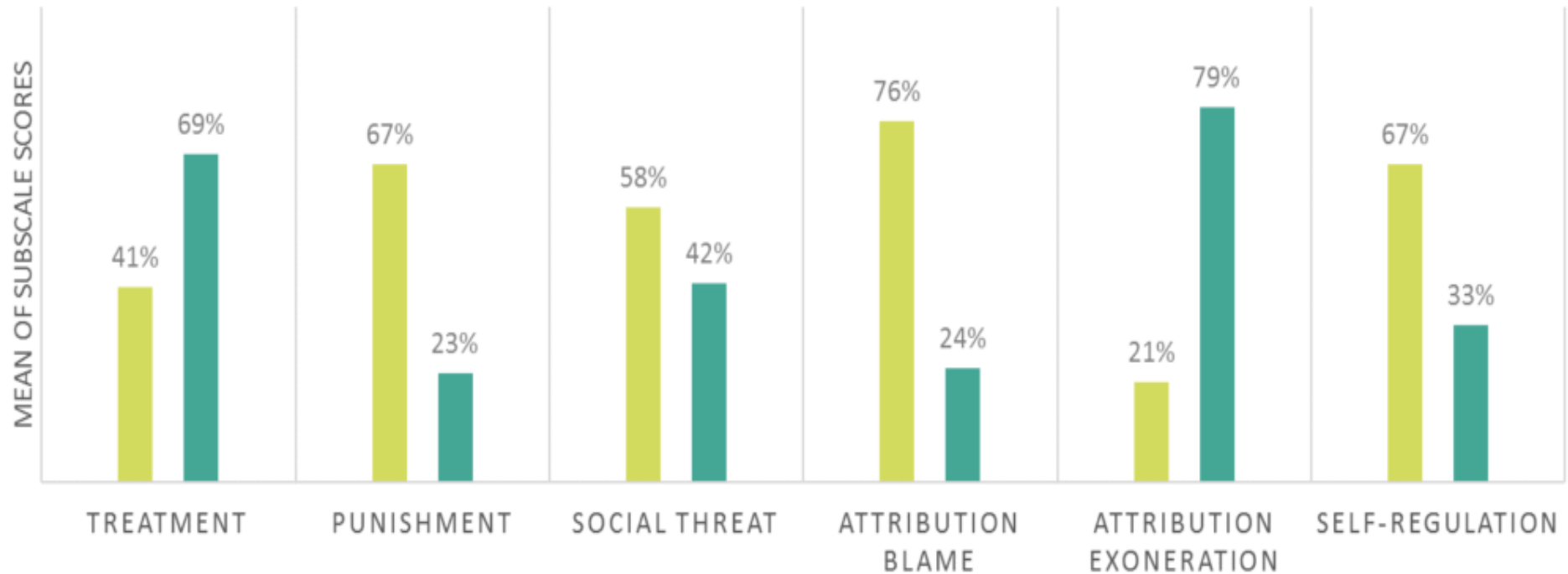
**THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE
"SUBSTANCE ABUSER" WAS:**

- 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

- Participants were substantially more likely to view the SUD individual as more in need of treatment compared to the SA individual.
- The SA individual was viewed as more deserving of punitive measures, such as a jail sentence and fines.
- Participants were much more likely to view the SA individual's problems as being associated with "willful misconduct" caused by personal recklessness and his own choices compared to the individual with a substance use disorder.
- Participants were much more likely to view the SUD individual's problems as stemming from more uncontrollable biological origins.
- The SA was also substantially less likely to elicit sympathy compared to the SUD individual.
- Participants were much more likely to view the SA as being able to control or stop his substance use if he wanted to, more able overcome his problem without professional help and to have a less severe problem.

SUBSCALES COMPARING THE SUBSTANCE ABUSER & SUBSTANCE USE DISORDER DESCRIPTIVE LABELS

■ Substance Abuser ■ Substance Use Disorder



Substance
Abuser

Substance
Use Disorder



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[Drug Alcohol Depend.](#) 2018 Aug 1;189:131-138. doi: 10.1016/j.drugalcdep.2018.05.005. Epub 2018 Jun 13.

Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias.

Ashford RD¹, Brown AM², Curtis B³.

➕ Author information

Abstract

BACKGROUND: The general public, treatment professionals, and healthcare professionals have been found to exhibit an explicit negative bias towards substance use and individuals with a substance use disorder (SUD). Terms such as "substance abuser" and "opioid addict" have shown to elicit greater negative explicit bias. However, other common terms have yet to be empirically studied.

METHODS: 1,288 participants were recruited from ResearchMatch. Participants were assigned into one of seven groups with different hypothesized stigmatizing and non-stigmatizing terms. Participants completed a Go/No Association Task (GNAT) and vignette-based social distance scale. Repeated-measures ANOVAs were used to analyze the GNAT results, and one-way ANOVAs were used to analyze vignette results.

RESULTS: The terms "substance abuser", "addict", "alcoholic", and "opioid addict", were strongly associated with the negative and significantly different from the positive counterterms. "Relapse" and "Recurrence of Use" were strongly associated with the negative; however, the strength of the "recurrence of use" positive association was higher and significantly different from the "relapse" positive association. "Pharmacotherapy" was strongly associated with the positive and significantly different than "medication-assisted treatment". Both "medication-assisted recovery" and "long-term recovery" were strongly associated with the positive, and significantly different from the negative association.

CONCLUSIONS: Results support calls to cease use of the terms "addict", "alcoholic", "opioid addict", and "substance abuser". Additionally, it is suggested that "recurrence of use" and "pharmacotherapy" be used for their overall positive benefits. Both "medication-assisted recovery"

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Ashford, Brown and Curtis 2018

- Implicit Bias was measured using an association task and vignette-based social distance measuring
- 1,288 participants from the general public
- Participants completed an association task to measure automatic attitudes toward the hypothesized stigmatizing term and automatic attitudes toward the hypothesized non-stigmatizing concern

- The terms “substance abuser”, “addict”, “alcoholic”, and “opioid addict”, were strongly associated with the negative and significantly different from the positive counter terms.
- “Relapse” and “Recurrence of Use” were strongly associated with the negative; however, the strength of the “recurrence of use” positive association was higher and significantly different from the “relapse” positive association.
- “Pharmacotherapy” was strongly associated with the positive and significantly different than “medication-assisted treatment”.
- Results support calls to cease use of the terms “addict”, “alcoholic”, “opioid addict”, and “substance abuser”. Additionally, it is suggested that “recurrence of use” and “pharmacotherapy” be used for their overall positive benefits.
- Both “medication-assisted recovery” and “long-term recovery” are positive terms and can be used when applicable without promoting stigma

| Negative Association | Positive Association / Less Negative Association |
|-------------------------------|---|
| Addict | Person with a substance use disorder |
| Alcoholic | Person with an alcohol use disorder |
| Substance Abuser | Person with a substance use disorder |
| Opioid Addict | Person with an opioid use disorder |
| Relapse | Recurrence of use |
| Medication-assisted treatment | Pharmacotherapy Medication Assisted Recovery Long-term Recovery |

Expanding language choices to reduce stigma

A Delphi study of positive and negative terms in substance use and recovery

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Expanding
language
choices to
reduce stigma

Received 20 March 2018
Revised 10 September 2018
2 October 2018
Accepted 1 November 2018

Abstract

Purpose – Public perception has been found to be influenced by the words used to describe those with behavioral health disorders, such that using terms like “substance abuser” can lead to higher levels of stigma. The purpose of this paper is to identify additional stigmatizing and empowering terms that are commonly used by different stakeholders.

Design/methodology/approach – Using digital Delphi groups, the paper identifies positive and negative terms related to substance use disorder (SUD) from three distinct stakeholder groups: individuals in recovery, impacted family members and loved ones, and professionals in the treatment field.

Findings – Participants identified 60 different terms that are considered stigmatizing or positive. Previously identified stigmatizing terms (abuser, addict) were present for all stakeholder groups, as was the positive term person with a SUD. Additional stigmatizing terms for all groups included junkie and alcoholic. Additional positive terms for all groups included long-term recovery.

Social implications – The results suggest that the continued use of terms like addict, alcoholic, abuser and junkie can induce stigma in multiple stakeholders. The use of more positive terms such as person with a SUD

Ashford, Brown and Curtis (2018)

- Identified positive and negative terms related to substance use disorders from three distinct stakeholder groups
- Participants in three groups
 - Individuals in Recovery
 - Impacted family Members and loved ones
 - Professionals in the treatment field

Negative Word or Phrase

| Individuals In Recovery | Family Members | Professionals |
|--|---|--|
| <ol style="list-style-type: none">1. Crackhead2. Junkie3. Abuser4. Addicts5. Felon6. Criminals7. Alcoholics8. Drunk9. Boozer10. Sinners | <ol style="list-style-type: none">1. Junkie2. Dope Fiend3. Drug abuser4. Dirty/Clean5. Addict6. Alcoholic7. Drunk8. Rock bottom9. Codependent/enabler10. Relapse | <ol style="list-style-type: none">1. Junkie2. Dope field3. Addict4. Criminal5. Pothead/stoner6. Drug injector7. Alcoholic8. Substance abuser9. Relapse10. Recovering addict/alcoholic |

Positive Word or Phrase

| Individuals In Recovery | Family Members | Professionals |
|--|--|--|
| <ol style="list-style-type: none"> 1. Person in long-term recovery 2. Person in recovery 3. Recovered/recovering person 4. Person/people 5. Person with a substance use disorder 6. Person with an alcohol use disorder 7. Recurrence of use 8. Former drug user 9. Sober 10. Drug user/substance user | <ol style="list-style-type: none"> 1. Long-term recovery 2. Substance free 3. Person with a substance use disorder 4. Positive/negative urinalysis 5. Impacted love one 6. Honest 7. Period of abstinence 8. Drug-free person 9. Sober 10. Law-abiding citizen | <ol style="list-style-type: none"> 1. Person/human being 2. Person in recovery 3. Multiple pathways of recovery 4. Free from addiction 5. Person with a substance use disorder 6. Recurrence of symptoms 7. Abstinence 8. Survivors 9. Returning citizen 10. Person who uses drugs |

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[Drug Alcohol Depend.](#) 2013 Jul 1;131(1-2):23-35. doi: 10.1016/j.drugalcdep.2013.02.018. Epub 2013 Mar 13.

Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: systematic review.

[van Boekel LC](#)¹, [Brouwers EP](#), [van Weeghel J](#), [Garretsen HF](#).

Author information

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Abstract

BACKGROUND: Healthcare professionals are crucial in the identification and accessibility to treatment for people with substance use disorders. Our objective was to assess health professionals' attitudes towards patients with substance use disorders and examine the consequences of these attitudes on healthcare delivery for these patients in Western countries.

METHODS: Pubmed, PsycINFO and Embase were systematically searched for articles published between 2000 and 2011. Studies evaluating health professionals' attitudes towards patients with substance use disorders and consequences of negative attitudes were included. An inclusion criterion was that studies addressed alcohol or illicit drug abuse. Reviews, commentaries and letters were excluded, as were studies originating from non-Western countries.

RESULTS: The search process yielded 1562 citations. After selection and quality assessment, 28 studies were included. Health professionals generally had a negative attitude towards patients with substance use disorders. They perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients. Health professionals also lacked adequate education, training and support

van Boekel, Brouwers, Weeghel and Garretsen, 2013

- Systemic review of the literature to evaluate health professional attitudes towards patients with SUD
- 28 studies included from the US, UK, Australia, Canada, and Ireland
- Overall findings indicate health professionals have a negative attitude towards patients with substance use problems

- Negative attitudes of health professionals can impact treatment outcomes
- Medical practitioners hold negative views of those with a SUD
- Negative bias of providers reduces quality of healthcare services delivered to this population
- Health professionals are more likely to take a task oriented approach with reduced personal engagement
- Perception of patients as violent, manipulative, irresponsible, poorly motivated, aggressive, and rude

Negative Attitudes of Health Professionals

- Poor communication between patient and professional
- Diminished therapeutic alliance
- Reduced patient empowerment
- Treatment avoidance
- Reduced empathy for client

Diagnostic Overshadowing

- Negative bias can impact diagnosis
- Misattribution of physical illness symptoms to substance use problems

Positive Impact on Health Professionals Attitudes

- Greater contact with patients with substance use
- Perceived support of colleagues
- Education and training
- Availability and access to supervision and support

Shifts in language

- American Medical Association
- American Society of Addiction Medicine
- Major Addiction Journals
- DSM 5
- White House Office of National Drug Control Policy
- NAADAC



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Stigma surrounding the disease of [#addiction](#) keeps too many from seeking treatment. We must change how we talk about addiction [#EndTheStigma](#)

Changing the Language of Addiction



Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians. Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

Terms Not to Use

- addict, abuser, user, junkie, druggie
- alcoholic, drunk
- oxy-addict, meth-head
- ex-addict, former alcoholic
- clean/dirty (drug test)
- addictions, addictive disorders

Terms to Use

- person with a substance use disorder
- person with an alcohol use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder

8:26 AM - 16 Sep 2017



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STIGMA IS ONE OF THE BIGGEST BARRIERS TO TREATMENT AND RECOVERY FOR SUBSTANCE USE DISORDERS TODAY. OFTEN THE LANGUAGE WE USE CONTRIBUTES TO STIGMA.

THERE ARE A LOT OF STIGMATIZING WORDS THAT ARE COMMON IN OUR DAY-TO-DAY LANGUAGE.

WHAT YOU SAY

ABUSER
DRUG HABIT
ADDICT
DRUG USER

VS

WHAT PEOPLE HEAR

IT'S MY FAULT
IT'S MY CHOICE
THERE'S NO HOPE
I'M A CRIMINAL

BY CHOOSING ALTERNATE LANGUAGE, YOU CAN HELP BREAK DOWN THE NEGATIVE STEREOTYPE ASSOCIATED WITH SUBSTANCE USE DISORDER.

INSTEAD OF

ABUSER, ADDICT
DRUG HABIT
FORMER/REFORMED ADDICT

TRY

PERSON WITH A SUBSTANCE USE DISORDER
REGULAR SUBSTANCE USE, SUBSTANCE USE DISORDER
PERSON IN RECOVERY/LONG-TERM RECOVERY



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.

DSM 5 Substance Use Disorders

- Eleven criteria evaluating evidence of impaired control, social impairment, risky use, and pharmacological indicators
- Recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment or distress
- A substance use disorder does not imply addiction
- Problematic pattern of use in a 12 month period
- Determined by the number of diagnostic criteria met by an individual
 - No Diagnosis: 0-1 criteria
 - Mild: 2-3 criteria
 - Moderate: 4-5 criteria
 - Severe: 6 or more criteria

Figure 4.1: Substance Use Status and Substance Use Care Continuum

| Positive Physical, Social, and Mental Health | Substance Misuse | Substance Use Disorder |
|---|--|--|
| A state of physical, mental, and social well-being, free from substance misuse, in which an individual is able to realize his or her abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to his or her community. | The use of any substance in a manner, situation, amount, or frequency that can cause harm to the user and/or to those around them. | Clinically and functionally significant impairment caused by substance use, including health problems, disability, and failure to meet major responsibilities at work, school, or home; substance use disorders are measured on a continuum from mild, moderate, to severe based on a person's number of symptoms. |

Substance Use Status Continuum



Substance Use Care Continuum

| Enhancing Health | Primary Prevention | Early Intervention | Treatment | Recovery Support |
|---|---|---|--|--|
| Promoting optimum physical and mental health and well-being, free from substance misuse, through health communications and access to health care services, income and economic security, and workplace certainty. | Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies. | Screening and detecting substance use problems at an early stage and providing brief intervention, as needed. | Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health and maximum functional ability. Levels of care include: <ul style="list-style-type: none"> • Outpatient services; • Intensive Outpatient/ Partial Hospitalization Services; • Residential/ Inpatient Services; and • Medically Managed Intensive Inpatient Services. | Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life. |

Professional Language Recommendations

- (1) Respect the worth and dignity of all persons by using person first language
- (2) Focus on the medical nature of substance use disorders and treatment
- (3) Use language that promotes the recovery process
- (4) Avoid perpetuating negative stereotypes and biases through the use of slang and idioms

– Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response, 2014

Person First language vs identity first language

- Promotes respect for the worth and dignity of all persons
- “person with a disability” vs “disabled person”
- Problem first language makes the assumption that all individual's experiences are the same

Person First Language

- Reinforces the idea that an individual's illness is not the defining characteristic
- Places the words referring to the individual first before describing a behavior or condition
 - “person with a substance use disorder”
 - “adolescent with an addiction”
 - “individual engaged in risky use of substances”



Medical Language

- Professionals should use clinical, non-stigmatizing medical language
- Language and communication should reflect the understanding that addiction is chronic but treatable brain disease

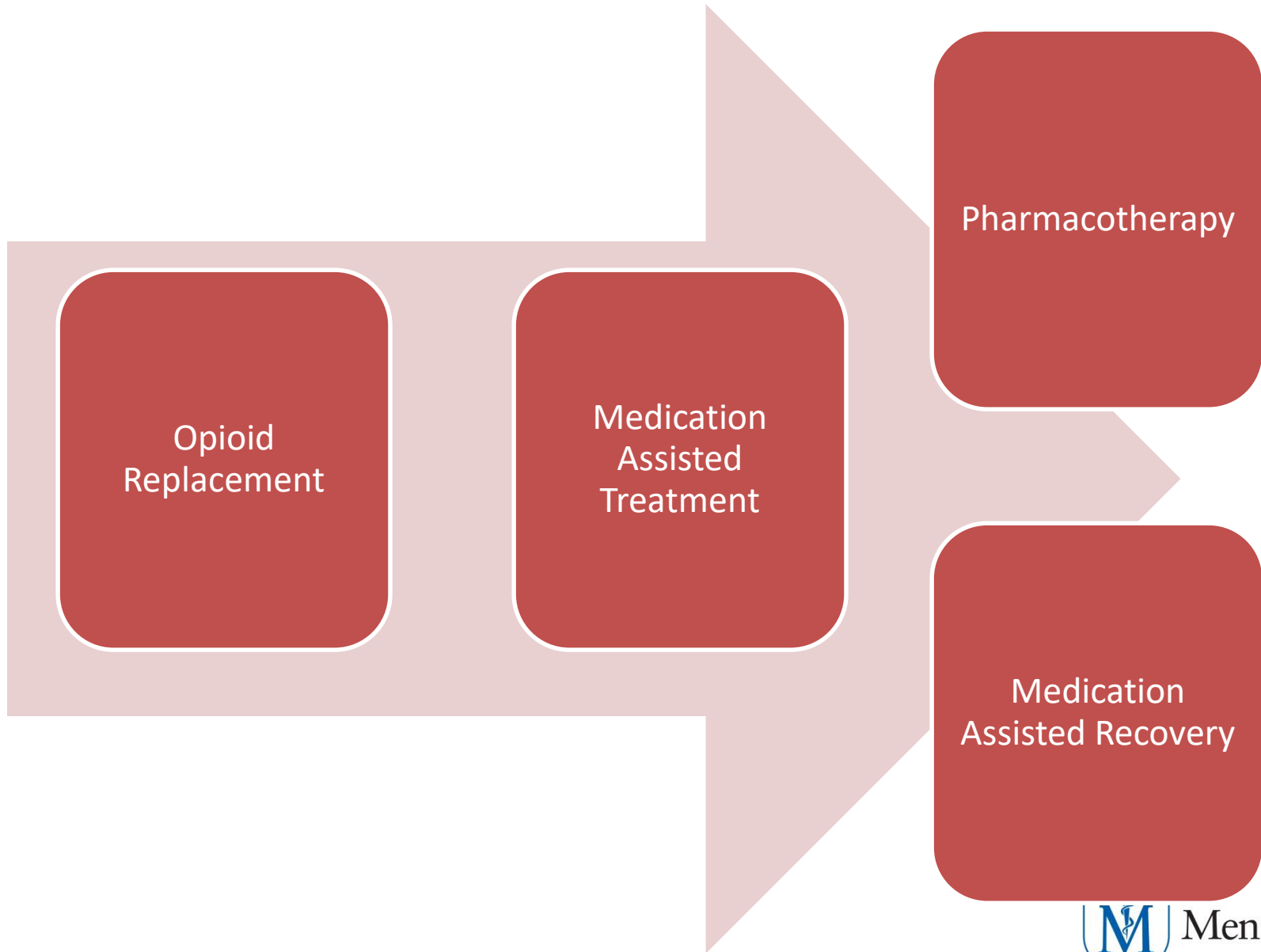
“Terms that are not considered ‘person first’ are near unilaterally considered to be associated with negative affect or more simply, stigma”

- Expanding language choices to reduce stigma, Ashford 2018

Medication Assisted Treatment

- “With respect to the use of medications in the treatment of substance use disorders, the terms “replacement” and “substitution” have been used to imply that medications merely “substitute” one drug or “one addiction” for another. This is a misconception. When someone is treated for an opioid addiction, the dosage of medication used does not result in a “high,” rather it helps to reduce opioid cravings and withdrawal, restoring balance to the brain circuits affected by addiction and allowing the patient’s brain to heal while they work towards recovery. The term “medication-assisted treatment” (MAT) is used to refer to the use of any medication approved to treat substance use disorders combined with psychosocial support services.”

– Office of National Drug Control Policy, Changing the Language of Addiction



Opioid
Replacement

Medication
Assisted
Treatment

Pharmacotherapy

Medication
Assisted Recovery

Recovery Oriented Language

- Shifting the focus from pathology to resilience and healing
- Acknowledges individual autonomy in decision making around treatment and recovery
- Focus on client centered recovery process
- Less problem focused

Avoidance of slang and idioms

- Clean/Dirty
- Drug of Choice
- Drug Abuse/Alcohol Abuse

Substance *Abuse*

- “Terms such as alcohol abuse, drug abuse, substance abuse all spring from religious and moral conceptions of the roots of severe alcohol and other drug problems. They define the locus of the problem in the willful choices of the individual, denying how that power can be compromised, denying the power of the drug”
- “To refer to people who are addicted as alcohol, drug or substance abusers misstates the nature of their condition and calls for their social rejection, sequestration and punishment. There is no other medical condition to which the term “abuse” is applied.”
 - White W. The rhetoric of recovery advocacy: an essay on the power of language, 2006

Addiction vs Addict

- Addiction is a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations
- An Addict is a person who exhibits impaired control over engaging in substance use (or other reward-seeking behavior) despite suffering often severe harms caused by such activity
- Person first language:
 - Individual with addiction
 - Individual suffering from addiction

Alcoholic/Addict

- Foundational terms for recovery and treatment programs but no longer used for diagnosis or clinical application
- Still offer value in helping an individual understand their experience
- Can be a barrier to treatment due to associated stigma
- Not all substance problems can be defined as alcoholism or addiction
- Shifts focus away from primary issue of whether alcohol or drugs are creating a problem in the client's life
- Rigid view of problem substance use

Clinical Language vs Recovery Language

“While this guide aims to promote non-stigmatizing language for the prevention/treatment/recovery workforce, it is not for the workforce to define how those who have substance use disorders or those in recovery choose to identify themselves. To attempt to do so would negate the autonomy and self-definition of the very individuals the workforce seeks to serve.”

– Substance Use Disorders: A Guide to the Use of Language

“Language that has a high degree of meaningfulness and usefulness in intra-group communication might have unforeseen, harmful consequences in extra-group communication.”

- White W. The rhetoric of recovery advocacy: an essay on the power of language, 2006

- No empirical evidence that what is a stigmatizing label in public settings is also stigmatizing in inner group settings
- Some prospective studies have suggested self-labels provide benefits through catharsis and identity reformation
- Regardless of research the right to self-identify and self-label should be upheld at all times

| 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.



Clinical Applications

- Client directed language
- Avoid making assumptions
- Avoid imposing your own ideas or beliefs
- Focus on client goals for recovery
- Avoid power struggles over self-identification
- Use medical language to reduce client defensiveness
- Encourage client identified terminology and self-identification

Clinical Considerations

- Notice language you use to discuss clients
- Implement person centered language during team meetings and discussions
- Examine patient materials, documentation, etc. for bias and stigmatizing language

“In the scientific arena, the routine vocabulary of health care professionals and researchers frames illness 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.”

- Botticelli & Koh, 2016



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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 in substance use disorders.



Words Matter: How Language Choice Can Reduce Stigma

“Protest any labels that turn people into things. 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.’”ⁱ

Stigma is defined as a mark of disgrace or infamy, a stain or reproach, as on one's reputation.ⁱⁱ Substance use disorders carry a high burden of stigma; fear of judgment means that people with substance use disorders are less likely to seek help, and more likely to drop out of treatment programs in which they do enroll.

As prevention practitioners, we are in a unique position to reduce the stigma surrounding substance misuse. The language we use to discuss substance use disorders (SUDs) either formally, as part of prevention messaging, or informally, in conversations with colleagues and stakeholders, can either increase or decrease SUD stigma. In the context of the growing opioid crisis, the language we use becomes

Thank you

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