Addiction Language Guide

A Call to Action

Words have impacted me at my most vulnerable times. Some words felt like attacks, attempting to replace my true identity. Instead of intelligent, funny, or hard-working, I became homeless, indigent, and incapacitated. The words become grenades—strategically spoken at times in order to do the most damage. And when those words came from family and friends, they cut even deeper. These labels erased my humanity. Total strangers felt allowed to criticize or judge me, saying that I was 'such a waste of life,' 'useless,' or 'just a drunk or addict.' These words also carried the connotation that I was lazy, selfish, or a criminal. After a while, I began to believe these words, concluding that I no longer served a purpose, had opportunities, or deserved hope. Luckily for me, eventually these feelings were replaced with optimism, encouragement, and words that provided healing. Spoken words cannot be un-said, and they have the power to build up person, or to destroy a person. When we choose to be compassionate, we become a part of the solution, giving an opportunity to others to be successful.

Marissa Angerer, Texas

Mother, Friend, Lawyer, Person in Recovery, Shatterproof Ambassador

Research About Language

What is stigma? There are four types of stigma Shatterproof has identified as priorities: public, structural, self, and the stigma against medications for opioid use disorder.

- Public stigma is society's negative attitudes towards a group of people, creating an environment where those addicted are discredited, feared, and isolated. These attitudes are informed by prejudices, discrimination, and stereotypes, which contribute to public stigma overall. In a recent survey, fewer than 20% of Americans said they were willing to associate closely with someone who is addicted to prescription opioids as a friend, colleague, or neighbor.

- Structural stigma refers to systems-level discrimination, such as cultural norms, institutional practices as well as health care policies that constrain resources, opportunities, and wellbeing. It generates structures that explicitly or implicitly exclude a stigmatized population from participating in society.

- Self-stigma occurs when individuals internalize and accept negative stereotypes. It turns a "whole" person into someone who feels "broken" with little or no self-esteem.

- Stigma against medications for opioid use disorder: despite their proven effectiveness, FDA approved medications are thought by many to be "trading one addiction for another." As a result, these medications are under-prescribed, underutilized, overly restricted, often not covered by insurance, and even actively discouraged in some treatment or recovery settings.

What is stigmatizing language? Stigmatizing language assigns negative labels, stereotypes, and judgment to certain groups of people. Such language can contribute to negative outcomes such as social isolation, reduced self-esteem, and less likelihood to seek medical help.
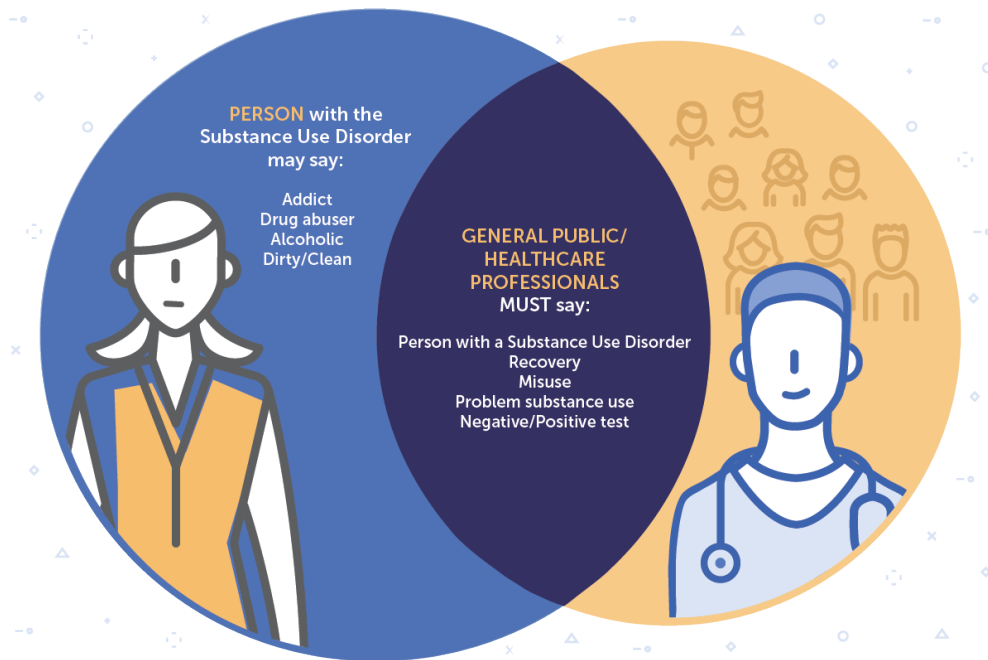
What does research say about addiction and stigmatizing language? To date, some progress has been made to research and evaluate the impact language has on the stigma associated with addiction and substance misuse. Language can reflect subconscious biases and it can help or harm people with stigmatized conditions, including substance use disorder. Eliminating stigmatizing language is a core component of the National Movement to End Addiction Stigma.

Stigmatizing language can perpetuate isolation and misunderstanding between people with substance use disorder (SUD) and their communities. Terms like "drunk", "addict" and "junkie" imply an affected individual causes their own illness and can lead to less sympathetic responses (e.g. incarceration instead of treatment). A recent nationwide survey found describing people as "drug addicts" versus having an "opioid use disorder" led to more stigmatized views among respondents.[i] Academic studies have also looked at the impact stigmatizing language has on the behavior of clinicians.[ii] One example is a 2010 study conducted with more than 500 trained mental health and addiction clinicians to understand whether referring to someone as a "substance abuser" rather than "an individual with a substance use disorder" led to different behavior. The study found respondents exposed to the term "an individual with substance use disorder" were less likely to say the person was personally responsible for their illness, and were less likely to recommend punitive, rather than therapeutic, action.[iii]

What is person-first language? Person-first language places emphasis on people rather than their diagnosis or condition (e.g. "person with schizophrenia" vs. "schizophrenic", "person with a substance use disorder" vs. "addict").[iv] This type of language can shift the way people with substance use disorders are viewed. For example, describing someone as an "addict" frames the disease of substance use disorder as a negative characteristic of the individual and brings moral judgment. By utilizing person-first language, an individual is no longer defined by their condition. The person is placed first with the condition being secondary, which helps to eliminate stereotypes and biases.

Stigma acts as a barrier to treatment and has clear impacts: it prevents people who meet the criteria for a SUD from seeking and accessing the treatment they need.[v] The first step to better supporting people with a SUD is changing our language.

Who should change their language? Shatterproof's National Movement to End Addiction Stigma identified six systems (employers, health care, government, criminal justice, media and entertainment, and local communities) most critical to reducing addiction stigma in this country. Every organization has a role to play in changing their language and how people discuss substance use disorders in their communities. Alternatively, some people with SUDs and those in recovery may identify with words that research deems stigmatizing. For example, one study found individuals who used heroin often described themselves as "addicts" in 12-Step Program settings, but preferred others call them a "person who uses drugs."[vi] It is important that those within a stigmatized community are given the space to determine their own comfort with use of stigmatized terms and where the use of these terms is appropriate.[vii]

PERSON with the Substance Use Disorder may say:

Addict
Drug abuser
Alcoholic
Dirty/Clean

GENERAL PUBLIC/ HEALTHCARE PROFESSIONALS MUST say:

Person with a Substance Use Disorder
Recovery
Misuse
Problem substance use
Negative/Positive test

Where do we go from here? Current research is limited by actively working to improve the quality of your own language and the language being used by your organization, we can begin to eliminate and replace stigmatizing language, thereby improving the lives of those with substance use disorders inside and outside of your organization and community.

Recommended Language & Rationale

Recommended language (based on consensus, research, and/or expert opinion)	Stigmatizing language	Rationale & related research (if applicable)	Notes
1. Substance use disorder, addiction (if clinically accurate) 2. Use (for illicit substances); misuse, used other than prescribed (for prescription medications) 3. Harmful, hazardous, problematic, or risky use	Abuse, Drug problem, Habit/Drug habit, Dependence	Neutral, non-judgmental language	There are contradicting views for "misuse" and "hazardous, risky, or harmful use" (some people just prefer "use"). Some sources also include "non-medical use."
Person with a substance use disorder ("person with opioid/alcohol use disorder" if relevant, "patient" if in a clinical setting)	Abuser, Addict, Druggie, User, Junkie	Neutral, non-judgmental language. Several studies compare "abuser/abuse" to "person with substance use disorder" and confirm that person-first language is less stigmatizing	*Opioid Epidemic* by Sharfstein & Olsen discourages the use of "client" & "patient" in favor of "person, participant, & individual."
Has a [X] use disorder	Addicted to [X]	Neutral, non-judgmental language. Several studies compare "abuser/abuse" to "person with substance use disorder" and confirm that person-first language is less stigmatizing	N/A
Person with alcohol use disorder; related: harmful or hazardous alcohol use	Alcoholic, Drunk	Neutral, non-judgmental language. Several studies compare "abuser/abuse" to "person with substance use disorder" and confirm that person-first language is less stigmatizing	N/A
Substance-free; related: no longer using [X substance]	Clean	Dirty/clean is associated with filth, not a medical condition. Invokes punitive bias and shame.	N/A
Testing negative for substance use	Clean (toxicology screen)	Dirty/clean is associated with filth, not a medical condition. Invokes punitive bias and shame.	N/A
Adherent	Compliant	Neutral, non-judgmental language	N/A

Recommended Language & Rationale

Recommended language (based on consensus, research, and/or expert opinion)	Stigmatizing language	Rationale & related research (if applicable)	Notes
Withdrawal management	Detox	Detox gives a connotation that a person needs to be cleansed from their substance use.	Since "detox" is more recognizable to a lay audience, it is acceptable to write "withdrawal management ('detox')" to clarify
Person who tests positive for substance use	Dirty	Dirty/clean is associated with filth and not a medical condition. Invokes punitive bias and shame.	N/A
Testing positive for substance use	Dirty (toxicology screen)	Dirty/clean is associated with filth, not a medical condition. Invokes punitive bias and shame.	N/A
Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome; related: newborn exposed to substances	Drug addicted infant, addicted baby, born addicted	Person-first, neutral language doesn't put moral judgment on the mother, and keeps the focus on clinical solutions	N/A
Use of [X substance]	Drug of choice or abuse	Neutral, non-judgmental language	N/A
Person arrested for drug violation; related: person with criminal legal involvement	Drug offender	Person-first and neutral, non-judgmental language	N/A
Person in recovery or person in long-term recovery	Ex-addict, former/ reformed addict	Neutral, non-judgmental language. Several studies compare "abuser/abuse" to "person with substance use disorder" and confirm that person-first language is less stigmatizing	*Opioid Epidemic* by Sharfstein & Olsen also includes "in remission"
Medication as a tool for treatment	Medication as a crutch for recovery	Medications are treatment tools for other diseases; substance use disorder should not be treated differently	Related terms include "abstinence-only" or "drug-free," referring to treatment programs that do not use medications
Non-adherent	Non-compliant	Non-judgmental, neutral language	N/A

Recommended Language & Rationale

Recommended language (based on consensus, research, and/or expert opinion)	Stigmatizing language	Rationale & related research (if applicable)	Notes
Medication for Opioid Use Disorder (MOUD), medication for Alcohol Use Disorder	Opioid replacement/ substitution/ maintenance therapy, medication assisted treatment	Treatments for other diseases are not labelled "medication assisted treatment," so substance use disorder should not be treated differently. "Replacement" suggests that patients are trading one substance use disorder for another	*Opioid Epidemic* by Sharfstein & Olsen also recommends replacing "methadone clinic" with "opioid treatment program (OTP)"
Resumed or experienced a recurrence of substance use or substance use disorder symptoms	Relapse, lapse, slip	Neutral, non-judgmental language	N/A
Recovery management	Relapse prevention	Neutral, non-judgmental language	N/A
Well, healthy, in recovery	Sober	Neutral, non-judgmental language	N/A
Maintained recovery	Stayed clean	Neutral, non-judgmental language (see rationale for "clean")	N/A
Person who is using [X substance]	Untreated addict	Neutral, non-judgmental language. Several studies compare "abuser/abuse" to "person with substance use disorder" and confirm that person-first language is less stigmatizing	Level of consensus around "actively using" is unclear, though it is often used in public health.

Implementation Resources

Shatterproof recognizes the difficulty of making wholesale language changes across large organizations and systems, and it is our intention to provide those responsible for implementing the **"Shatterproof Addiction Language Guide"** needed resources to easily deliver our recommendations. Shatterproof and its partners will provide organizations with the following support:

1) Words Matter online video training: Shatterproof has developed a brief 90-second video with corresponding training materials that will be made available to organizational partners. This video features – in an abbreviated fashion – the content in this Language Guide. It includes information on person-first language, a firsthand story from a person in recovery on how language affected them, and content on words to use and which words to exclude. Additional resources will be made available in correspondence with the video training.

2) Ongoing education via webinars: Shatterproof will be conducting numerous opt-in sessions within the National Movement to End Addiction Stigma for those interested in continuing to learn more or support their staff's professional development. These sessions will emphasize the need to improve language, and there will be specific sessions focused on how to improve and integrate person-first language in organizations. Using best practices for effective education via webinars, Shatterproof will offer these for free and we will integrate various opportunities to hear from people in recovery (i.e., Shatterproof Ambassadors) during these sessions. These will be announced periodically by Shatterproof's stigma team and distributed to interested partners.

3) Distribution materials: Shatterproof will develop brochures, pamphlets, language cards, and other relevant materials for organizations to use in a variety of settings. Shatterproof will work with its Coalition Members and Allies to determine the best types of content for use across systems (i.e., waiting rooms, conference rooms, etc.). These materials will include the latest research on language in an eye-catching format that encourages continual reinforcement of best practices for language towards those with SUD.

4) Staff meetings and guided forums: In addition to the featured opportunities facilitated by Shatterproof, we encourage organizations to determine other mechanisms for distributing and reinforcing the importance of language change to staff. Shatterproof's Technical Assistance providers will be available to provide recommendations on newly developed strategies and resources will be available to evaluate and measure the effectiveness of these methods. Interested parties should reach out to Shatterproof's stigma team for more information at endstigma@shatterproof.org. Each organization that elects to participate in changing their language will have access to assigned staff supporting the review of the materials they submit. Technical Assistance providers will suggest how to identify additional sources of stigmatizing language, replace stigmatizing language, and help edit new communications materials.

5) Shatterproof's Pledge: Shatterproof has created an online pledge which can be accessed at the Words Matter! link. This pledge asks individuals to pledge to describe addiction as a treatable disease and use empowering language rather than hurtful words like "addict" and "junkie." There is an optional portion of the submission form that can help organizations track if their employees or constituents are participating in the pledge.

6) Involvement from organizational leadership: Shatterproof recognizes different levels of change management needed for organizations requiring extensive staff intervention. For organizations with frequent interactions with people in recovery, it is especially important they make change stick. This can include sub-groups within large organizations (i.e., Human Resources) or people with daily interactions with those with SUD (i.e., Addiction Treatment). Please reach out to Shatterproof at endstigma@shatterproof.org to access more information on how your organization can manage large-scale language change.

National Academy of Medicine Review Process

The National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic facilitated a separate, blinded, and academically rigorous peer review of this document on a pro-bono basis, to provide additional academic rigor for Shatterproof's national stigma campaign.

Peer reviewers were sourced from two primary pools of experts to conduct this review: members of the NAM's Action Collaborative, and external subject matter experts sourced from the NAM and National Academies of Sciences, Engineering, and Medicine's volunteer and expert contacts.

The document was reviewed by representatives from the NAM's Action Collaborative. These experts represent a wide variety of expertise, including pharmacy, nursing, and clinical care, and are employed by federal agencies, professional organizations, large health care providers, hospitals, and insurance payers. There were also a number of persons with lived experience who reviewed these documents, providing the critical perspective of individuals who have experienced stigma against SUD and OUD firsthand. The document was also reviewed by two subject matter experts. The subject matter experts represented expertise in stigma research, history of successful social movements, opioid use disorder and/or substance use disorder, and scientific communication.

Peer reviews were consolidated and anonymized by NAM staff, so that the peer review process remained single-blind. Once the peer review comments were transmitted from the NAM to Shatterproof, the NAM's contribution to this process was officially concluded. Incorporation of peer review comments was addressed entirely by Shatterproof staff.

NAM staff and external peer reviewers did not review or approve any of Shatterproof's final documents, and the final documents are entirely products of Shatterproof and should not be considered endorsed by or products of the National Academy of Medicine, the National Academies of Sciences, Engineering, and Medicine, or the external peer reviewers.

About Shatterproof

Shatterproof is a national nonprofit organization dedicated to reversing the addiction crisis in the United States.

We know what it's like to live in the shadow of addiction — a dark place that leaves you feeling judged, lost, and alone. And we know the grief that comes from losing someone you love to addiction, too. We've shifted that energy into changing the story for the tens of million people in the U.S. who are facing addiction.

At Shatterproof, we're building a future where those facing addiction can have hope, success stories of their own, and ultimately, live a long healthy life. A future where the stigma is lost and those facing addiction are found. So they can be treated with empathy, compassion, and love. A future with revolutionized treatment plans that ensure quality, accessible care — starting with policies that treat addiction patients as people.

It's a future that goes beyond helping those battling addiction — one that lends strength to their loved ones and communities. It's a strength that comes from standing in their corner — advocating, providing resources, and taking action. Because that's what we do. We are doers who don't wait for change. We create change.

Like millions of people around the country, to us, addiction is personal. We're not just fighting for people facing addiction today. We're equipping businesses, schools, clinicians and communities to stop addiction before it starts, and we're breaking down stigmas and pushing for a new system of treatment that helps the patients of tomorrow.

Let's make them all Shatterproof — poised to overcome this disease. So that no family, friend or community is forced into silence because of this disease ever again.

Just like those facing addiction, we can't do this alone. Join us today.

Together, we are stronger than addiction

For additional information on Shatterproof, please contact us at for General Information at info@shatterproof.org or visit our website at https://www.shatterproof.org/.

Appendix - Resource Inventory

(Existing Language Guides)

The following guides were used to catalog stigmatizing words and alternative language:

- The Recovery Research Institute's "Addiction-ary". Words flagged with a "stigma alert" are marked in our catalog.

- The Words We Use Matter 2-page PDF by National Alliance of Advocates for Buprenorphine Treatment (NAABT).

- Using Person-First Language across the Continuum of Care for Substance Use Disorders & other Addictions: Words Matter to Reduce Stigma by Ohio Language First Team (a partnership of the Ohio Department of Mental Health and Addiction Services and other partners). Cites other sources, including SAMHSA & NAABT. Very similar to NAABT, but includes gambling.

- Words Matter: Improving the Substance Use Conversation: A Guide for Health Care Teams by Maine Quality Counts (a healthcare consulting company). Includes sample scripts and scenarios for patient encounters. Cites other sources, including research literature and government resources.

- Changing the Language of Addiction by The Office of National Drug Control Policy (ONDCP) and related language table from Huffington Post.

- Toolkit for the Surgeon General's Report on Addition by the National Council for Behavioral Health, includes a one-page graphic of words and phrases to avoid.

- Words Matter: Terms to Use and Avoid When Talking About Addiction by NIDAMed. Includes a brief primer on the effect of stigma on people with substance use disorder and the importance of person-first language.

- Addiction Language Guide by Project HOPE. One-page document with language to avoid, as well as definitions of common words used related to addiction.

- Words Matter by Boston Medical Center's Grayken Center for Addiction. Pledge for employees to remove stigmatizing language and more appropriate terminology.

- *The Opioid Epidemic: What Everyone Needs to Know* by Yngdvild Olsen & Joshua M. Sharfstein. Book that contains a chart of stigmatizing language and recommended replacements (Appendix 2: Non-Stigmatizing Preferred Language).

Appendix - Resource Inventory
(Additional Resources)

Additional articles and blogs that were included in the preparation of this document.

- SAMHSA Center for Substance Abuse Treatment (SAMHSA CSAT) guide lists words associated with substance use and recovery, and the caveats to certain words that can be considered inaccurate or stigmatizing.

- Centre on Substance Use and Addiction guide about stigma—what it is and how it impacts people— and resources to help talk about stigma and substance use disorder. Also includes examples of how an individual could respond if they hear stigmatizing language.

- Stop talking "dirty": Clinicians, language, and quality of care for the leading cause of preventable death in the United States

- Alcohol, drug, and substance "abuse": The history and (hopeful) demise of a pernicious label

- Toward an Addictionary

- Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an "Addicion-ary"

- Confronting the Stigma of Opioid Use Disorder- and Its Treatment

- Changing the Narrative- a network of reporters, researchers, academics, and advocates concerned about the way media represents drug use and addiction

- Communicating about Addiction: Accuracy or Alienation? (Psychology Today)

- Does It Really Matter How We Talk About Addiction? (Psychology Today)

- Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response

- The language doctors and medical journals use to describe dependence has a real effect on patients

- Language and Addiction: Choosing Words Wisely

- Why You Shouldn't Use the Word "Addict"

- Stigmatizing language in news media coverage of the opioid epidemic: Implications for public health

- Why We Should Say Someone Is A 'Person With An Addiction,' Not An Addict

- SAMSHA Providers Clinical Support System (PCSS) provides resources for clinical addiction treatment providers

References

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ii   John F. Kelly, Sarah J. Dow, and Cara M. Westerhoff. "Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empirical Investigation with Two Commonly Used Terms." *Journal of Drug Issues* 40, no. 4 (October 1, 2010): 805-818. https://doi.org/10.1177/002204261004000403.

iii   John F. Kelly and Cassandra M. "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* 21, no. 3 (May 2010): 202-207. https://doi.org/10.1016/j.drugpo.2009.10.010.

iv   Mary E. Jensen et al. "Championing person-first language: a call to psychiatric mental health nurses." *Journal of the American Psychiatric Nurses Association* 19, no. 3 (May 2013): 146-151. https://doi.org/10.1177/1078390313489729.

v   John F. Kelly, Sarah E. Wakeman, and Richard Saitz. "Stop talking 'dirty': clinicians, language, and quality of care for the leading cause of preventable death in the United States." *The American Journal of Medicine* 128, no. 1 (January 2015): 8-9. https://doi.org/10.1016/j.amjmed.2014.07.043.

vi   Ekaterina Pivovarova and Michael D. Stein. "In their own words: language preferences of individuals who use heroin." Addiction 114, no. 10(October 2019): 1785-1790. https://doi.org/10.1111/add.14699.

vii   Olivia Pennelle. "How The Words We Use Stigmatize People With Addiction." *Ravishly* (August 30, 2018). Retrieved from https://ravishly.com/words-stigmatize-people-addiction.