

Words Matter

*If you want to care for something, you call it a 'flower';
if you want to kill something, you call it a 'weed'.*

Don Coyhis, Founder White Bison & Wellbriety

Words are powerful. Used with care, they can inform, clarify, support and unify people to better address behavioral health problems. Used carelessly, they can misinform, discourage, isolate, and shame. Choosing our words carefully is one way we can all make a difference and help decrease the stigma associated with behavioral health disorders. Stigma is a major barrier to effective care of substance use and other behavioral health disorders. Use of non-stigmatizing language supports understanding of addiction and other behavioral health disorders as chronic medical conditions, supports self-esteem in affected persons, and helps remove barriers to engagement in care.

Below are some words that may perpetuate stigma with preferred terminology suggested. These are not exhaustive or definitive and some may disagree with particular concerns, but they are intended to stimulate thinking about how the words we use may impact others.

Avoid: Addict, abuser, junkie, depressive, psycho, schizo, retard etc.

Labeling a person by a disorder or challenge they have encourages others, as well as the affected person, to see only the disease or problem, not the whole person. It is demeaning; they may have a condition, but the condition need not define them. Caveat: Sometimes people with a particular condition or characteristic may elect to indicate their embrace or acceptance of the condition as a basis for recovery and refer to themselves by such terms (eg at AA: Hi I'm Mary, I'm an addict), but it is not usually constructive or supportive for others to make such references.

Preferred terminology: **Person with...addiction, the disease of addiction, a substance use disorder, bipolar disorder, intellectual disability etc.** These recognize the person has a condition rather than being defined by the condition.

Avoid: Abuse (of substances)

No longer a drug use category in DSM V. Has a blaming & pejorative quality. Detracts from understanding of the medical and public health nature of misuse.

Preferred terminology: **Drug use, unhealthy use, harmful use, risky use, use to... (get high, alter mood, etc).** These are non-pejorative, descriptive terms.

Avoid: Clean, dirty

As in "The urine specimen was dirty" or "He's been clean for a while". These terms stigmatize by associating signs of an illness (use of drugs or finding of drugs in urine drug tests) with filth.

Preferred terminology: (Referring to urine drug testing) **Negative, positive for (name the drug), expected findings, unexpected findings, substance-free.** These terms simply describe the

findings as is medically appropriate. (Referring to someone who is not using) **Sober, drug-free, in recovery, abstinent.**

Avoid: Habit or drug habit

Calling a substance use disorder a habit undermines understanding of the biological components of these disorders, implying that resolution is simply a matter of will.

Preferred terminology: **Substance use disorder, alcohol or drug use disorder, addictive disorder, addiction** when referring to a person who has impaired control over or compulsive use of a substance despite risk of -or actual- harm. This indicates the health-based nature of the problem.

Avoid: Addiction when physiologic dependence without addiction is present.

Using the term “addiction” when a person is simply physically dependent on a drug inaccurately labels the person as having a disease. And it risks trivializing addiction when it occurs. (eg “My Dad was ‘addicted’ to his pain medications after surgery, but he got off them and is just fine. So I don’t think my getting high on oxy everyday is such a big deal...I need it but what’s the problem?”)

Preferred terminology: **Physical dependence** when a person has physiological dependence that would result in a withdrawal syndrome with abrupt cessation, but does not have impaired control, craving, compulsive use and/or use despite harm suggesting addiction. Physical dependence is expected with longterm use of opioids, benzodiazepines, steroids and other drugs. Withdrawal can be avoided with tapering.

Avoid: Replacement or substitution therapy

Implies therapeutic use of medications such as buprenorphine or methadone perpetuates addiction and simply provide a move from illicit to licit use. MAT together with psychosocial treatment helps resolve the compulsive and potentially harmful behaviors that define addiction.

Preferred terminology: **Medication or pharmacologic treatment, opioid agonist therapy**
These terms accurately reflect the role of medications in treatment of opioid addiction.

Avoid: Narcotic (when referencing opioid medication)

In legal parlance, “narcotic” refers to illicit substance including cocaine, marijuana, heroin and others. In healthcare, it refers to a narcotizing substance (eg one that numbs, sedates, stupefies); when to treat pain, we are not intending to narcotize but to provide analgesia and improve function.

Preferred terminology: **Opioid, opiate, opioid medication.** These are the accurate pharmacologic name for the powerful class of pain-relieving drugs (including oxycodone, morphine, hydrocodone and others) that act through opioid receptors.

Drawn from multiple sources & revised by the Dartmouth-Hitchcock Substance Use & Mental Health Initiative (<http://med.dartmouth-hitchcock.org/sumhi.html>):

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