Language Matters When Discussing Substance Use

NATIONAL COUNCIL *for* **Mental Wellbeing**

Language is **powerful**. It affects the way individuals interpret ideas, perceive intentions and view the world around them. The words we use **matter**. This is especially true when talking about substance use. That's why it's important to use **non-stigmatizing, person-first language** to reduce stigma and negative bias.

WHAT IS STIGMATIZING LANGUAGE?

Stigma is a negative association with a circumstance or trait that can result in discrimination against a person for a certain characteristic(s). Stigma can also be described as internal feelings of shame or judgement from others. Stigmatizing language includes words or phrases with negative labels that assign judgement.
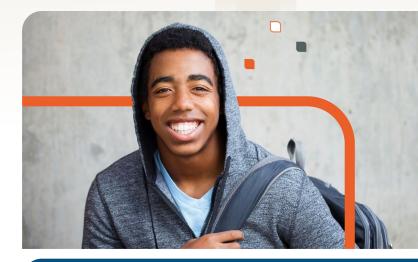
For example, terms like "addict" or "junkie" are stigmatizing terms for someone with a substance use disorder (SUD) because they imply that the person is at fault for their health condition.[1] This stigma may stem from a lack of education or understanding that a combination of biological, environmental and developmental factors can influence the risk for a SUD.[2]

WHAT IS PERSON-FIRST LANGUAGE?

Person-first language emphasizes the person rather than their diagnosis, which helps remove stigma. Person-first language reframes the situation by removing stigmatizing language and not labeling an individual only by their condition. For example, person-first language may look like "a person with a substance use disorder" or "a person in recovery." The following table includes examples of how to use person-first language when discussing substance use.

WHY DOES THIS MATTER?

Stigmatizing language can cause stereotyping and fear of people with SUDs, lead to discriminatory actions against a person struggling with substance use, and may result in shame that reduces an individual's willingness to seek treatment.[3] It can also negatively impact a health care provider's perception of people with SUDs and the care they provide, which impacts the health outcomes for the person with an SUD.[4]

Youth-serving providers and trusted adults have an opportunity to set an example with their own language when talking about substance use with youth and their parents/caregivers. By using **person-first and non-stigmatizing language**, providers reduce the continuation of stigma and negative bias, which can influence how youth think and talk about substance use. Eliminating stigmatizing language can also help build rapport with young people and create a non-judgmental environment for positive interactions, safe discussions and better outcomes.

Sometimes individuals struggling with substance use or individuals in recovery may have their own language preferences, which may not be person-first. A good practice is not to lecture, scold or shame them for their language, but ask them their preferred terms and model person-first language. Language is powerful — they just may start using the terms you model!

HOW TO APPLY THIS?

SAY THIS …	NOT THAT …	BECAUSE …
Substance use, substance use disorder, substance use challenge, unhealthy substance use, risky use	Substance abuse, drug habit	The word "abuse" holds connotations of criminal activity — think child abuse, domestic abuse. Therefore, calling it substance abuse further criminalizes a treatable health condition. Calling substance use a drug habit implies that a person is choosing to use substances and undermines that a SUD is a serious health condition.
Person with a substance (alcohol, opioids, stimulants) use disorder or challenge	Addict, junkie, user, alcoholic, drunk	Person-first language demonstrates the individual has a health condition. The other terms elicit negative associations and perpetuate stigma.
Person in recovery, person in long-term recovery	Former addict	Person-first language demonstrates the individual has a health condition. The other terms elicit negative associations and perpetuate stigma.
Use of x substance (alcohol, opioids, stimulants) **Person with x substance (alcohol, opioid, stimulant) use disorder** **Person who is using x substance (alcohol, opioids, stimulants)**	Drug of choice	An individual does not choose to have a substance use disorder or live with a substance use challenge; therefore, implying a choice in the matter undermines that a SUD is a serious health condition.
Positive/negative drug screen	Dirty/clean drug screen	Screens for other medical conditions are not referred to as "clean" or "dirty," and using such language stigmatizes substance use and SUDs. Clinically accurate terms can be used to describe if a drug screen was positive or negative for substances.
Maintained recovery, is sober	Stayed clean	Recovery is a process of change to improve health. Using the term "clean" does not encompass this process and implies the person did not get "filthy," which carries negative connotations.

REFERENCES

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