



**naabt.org**

**The National Alliance of Advocates for Buprenorphine Treatment**  
*The Words We Use Matter. Reducing Stigma through Language.*

### Why does language matter?

By choosing language that is not stigmatizing, we can begin to dismantle the negative stereotype associated with opioid addiction. Many derogatory, stigmatizing terms were championed throughout the “War on Drugs” in an effort to dissuade people from misusing substances. Education took a backseat, mainly because little was known about the science of addiction. That has changed, and the language of addiction medicine should be changed to reflect that understanding.

Some of the problems and misunderstandings come from ambiguous definitions of many of the common terms used in addiction medicine. In 2001, The American Academy of Pain Medicine, the American Pain Society, and the American Society of Addiction Medicine recognized the following definitions of *Addiction*, *Physical Dependence* and *Tolerance* and recommend their use.

#### **Addiction:**

Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.

#### **Physical Dependence:** (Please note: *Not* “dependence” by itself.)

Physical dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

#### **Tolerance:**

Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug’s effects over time.

For more on *The Language of Addiction Medicine* see: [www.naabt.org/language](http://www.naabt.org/language)



“At one point, we had the stigma of leprosy. Nobody spoke about leprosy. We had a stigma of cancer at one point. There’s still a significant stigma with some of the mental diseases, but much less so than there used to be. But the one that’s lagging behind is addiction. We have to start to bring down the stigma... by not addressing it, it’s not going to go away.” *Dr. Nora Volkow, Director, National Institute on Drug Abuse (NIDA)*

### Words to avoid and alternatives.

Following are stigmatizing words and phrases which could be replaced with the suggested “Preferred terminology” as a start in reducing the stigma associated with opioid addiction.

#### **Addict, Abuser, Junkie**

**Problem with the terms:** These terms are demeaning because they label a person by his/her illness. By making no distinction between the person and the disease, they deny the dignity and humanity of the individual. In addition, these labels imply a permanency to the condition, leaving no room for a change in status.

**Preferred terminology:** Person with alcohol/drug disease, person with a substance misuse disorder, person experiencing an alcohol/drug problem, patient or client (if referring to an individual receiving treatment services).

#### **Abuse**

**Problem with the term:** Although ‘abuse’ is a clinical diagnosis in the DSM-IV and ICD10, it is stigmatizing because: (1) it negates the fact that addictive disorders are a medical condition; (2) it blames the illness solely on the individual with the illness, ignoring environmental and genetic factors, as well as the ability of substances to alter brain chemistry; (3) it absolves those selling and promoting addictive substances of any wrong doing; and (4) it feeds into the stigma experienced not only by individuals with addictive disorders, but also family members and the addiction treatment field.

**Preferred terminology:** Misuse, harmful use, inappropriate use, hazardous use, problem use, risky use.

#### **Clean, Dirty** (when referring to drug test results)

**Problem with the terms:** Commonly used to describe drug test results, these terms are stigmatizing because they associate illness symptoms (i.e. positive drug tests) with filth.

**Preferred terminology:** Negative, positive, substance-free.

#### **Habit or Drug Habit**

**Problem with the term:** Calling addictive disorders a habit denies the medical nature of the condition and implies that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior.

**Preferred terminology:** substance misuse disorder, alcohol and drug disorder, alcohol and drug disease.

#### **Replacement Therapy**

**Problem with the term:** This implies that treatment medications such as buprenorphine are equal to street drugs like heroin. The term suggests a lateral move from illegal addiction to legal addiction, and this does not accurately characterize the true nature of the treatment.

The essence of addiction is uncontrollable compulsive behavior. The first goal of addiction treatment is to stop this dangerous addictive behavior. With successful buprenorphine therapy, as part of a comprehensive treatment plan, the dangerous addictive behavior is stopped not replaced.

**Preferred terminology:** Treatment, medication-assisted treatment, medication.

## "In Recovery"

**Problem with the term:** According to *Faces and Voices of Recovery* research, in 2004, 801 adults were asked: "When you hear the word 'recovery', as in 'This person is in recovery from an addiction', what does 'recovery' mean?"

Only 22% knew that it meant that the person is no longer misusing addictive substances. According to this research as "in recovery" is promoted, 3 out of 4 listeners are receiving the wrong message. Even though the recovery community has been using this phrase for many years, the message is not getting across because 78% of people hearing the phrase do not know the meaning. It may be time to reexamine the language. After all, if the point of language is to convey meaning, what good is it to insist on using terms most people don't understand?

"In recovery" is well understood within the circles of the recovery community and when used there, it is effective, but just as companies have their own "shop talk" and adjust their internal language to make it understandable to the public, so should the recovery community – if it wants to effectively convey its message.

**Preferred terminology:** Addiction survivor, addiction is in remission, addiction-free, no longer in active addiction, in treatment.

## User

**Problem with the term:** The term is stigmatizing because it labels a person by his/her behavior. It is also misleading because the term user has come to refer to one who is engaged in risky misuse of substances.

**Preferred terminology:** Referring to use: person who misuses alcohol/ drugs. Referring to misuse: person engaged in risky use of substances.

## Words that Work and Why.

The following terms are considered effective in furthering public understanding of addictive disorders as a medical issue, which, in turn, provides impact in reducing stigma and stereotyping.

### Addiction

**Why it works:** This widely understood term describes "uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences."<sup>1</sup> There is a distinction between addiction and physical dependence (see front for full explanations), although the words are often incorrectly used interchangeably. Addiction involves both social and health problems, whereas physical dependence only involves health.

**Caveats:** Clinically speaking, both the DSM-IV and the ICD10 use the phrase 'substance dependence', not 'addiction'.

### Addiction Survivor

This terminology is inline with other life threatening diseases. (i.e. cancer survivor) It is a positive indication of a person's disease status. It is less stigmatizing than "recovering addict", especially to people unfamiliar with "recovery" language. It also indicates that a person's treatment has triumphed over active addiction and shows that the person is substantially past the initial phases of recovery, unlike "in recovery" which doesn't differentiate between days or decades of addiction-free life.

### Addictive Disorder, Addictive Disease

**Why it works:** By incorporating disorder or disease, these terms reinforce the medical nature of the condition. See addiction.

**Caveats:** See caveats under addiction.

### Medication-Assisted Treatment

**Why it works:** This is a practical, accurate, and nonstigmatizing term to describe addiction treatment with medically monitored pharmacological medications such as methadone, naltrexone, buprenorphine, and other medications.

### Misuse

**Why it works:** It offers the same intended meaning as what has traditionally been termed as abuse, but without the stigma and judgmental overtones that abuse carries.

**Caveat:** Some say that technically speaking, one does not misuse a substance when it is used as intended. Example, marijuana is purchased with the intention of being smoked, so technically it is not misused when people smoke it. For this reason, some prefer the terms risky use or problem use.

### Patient

**Why it works:** As with other illnesses, the word accurately refers to a person who is being medically treated for an addictive disorder. It reinforces the fact that addictive disorders are indeed health issues.

### Person(s) or People With...

**Why it works:** Used in terms such as person(s) or people with addictive disorders, with addictions, or with addictive disease, these modifiers give identity to individuals as people, rather than labeling them by their illness.

### Remission

**Why it works:** It is medical terminology that describes a period of time in which the signs and symptoms of the illness have disappeared.

**Caveat:** Prior to this, remission was seldom used in conjunction with addictive disorders.

"...In discussing substance use disorders, words can be powerful when used to inform, clarify, encourage, support, enlighten, and unify. On the other hand, stigmatizing words often discourage, isolate, misinform, shame, and embarrass..."

Excerpt from "Substance Use Disorders: A Guide to the Use of Language" published by CSAT and SAMHSA

Adapted from: *Substance Use Disorders: A Guide to the Use of Language.*

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Lepak, Timothy P., *The Words We Choose Matter.* NAABT, Inc., naabt.org  
[http://www.naabt.org/forum/topic.asp?TOPIC\\_ID=358](http://www.naabt.org/forum/topic.asp?TOPIC_ID=358)

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1 Leshner, Alan. 2001. The essence of drug addiction. Posted at [www.jointogether.org](http://www.jointogether.org), March 21, 2001.

*'The Words We Choose Matter' is dedicated in loving memory of John A. Strosnider, DO*

