

Anti-Stigma Language Guide

Humanizing people who use drugs through intentional language

Stigma and negative attitudes about people who use drugs remain widespread today. Stigmatizing myths about addiction, such as the idea that addiction is a moral failing, perpetuate harm against people who use drugs.

An important step in addressing the stigma of drug use is using intentional language that emphasizes the humanity of people who use drugs.

Context Matters

Some people with lived experience using drugs may choose to self-describe using language others should consider avoiding.

For instance, people with lived experience might use terms such as “addict” or “relapse” where others should use alternative language, such as “person who uses drugs” or “remission.”

Communication is key. When in doubt, deferring to nonstigmatizing language or asking individuals what language they prefer and how they identify can facilitate person-centered interactions and communication that counter interpersonal and social stigma.

The following table, adapted from the National Institute on Drug Abuse’s *Words Matter* language guide, outlines appropriate language for discussing people who use drugs and related topics.

Instead of...	Use...	Because...
<ul style="list-style-type: none"> • Addict • User • Substance or drug abuser • Junkie • Alcoholic • Drunk • Former addict • Reformed addict 	<ul style="list-style-type: none"> • Person who uses drugs • Person with substance use disorder • Person with opioid use disorder (OUD) or person with opioid addiction (when substance in use is opioids) • Patient • Person with alcohol use disorder • Person who misuses alcohol/engages in unhealthy/hazardous alcohol use 	<ul style="list-style-type: none"> • Person-first language avoids the dehumanization of people who use drugs, reminding us that people who use drugs are more than their drug use. • The terms avoid eliciting negative associations, punitive attitudes, and individual blame.

Instead of...	Use...	Because...
	<ul style="list-style-type: none"> Person in remission or long-term remission Person who previously used drugs 	
<ul style="list-style-type: none"> Habit 	<ul style="list-style-type: none"> Substance use disorder Drug addiction 	<ul style="list-style-type: none"> “Habit” may undermine the seriousness of a person’s drug use and suggest that anyone who desires to reduce their drug use can easily do so.
<ul style="list-style-type: none"> Recovery 	<ul style="list-style-type: none"> Remission 	<ul style="list-style-type: none"> Although a widely accepted term, “recovery” suggests that efforts to reduce drug use have a dichotomous outcome when, in fact, the process varies greatly, may not end in complete abstinence, and is often nonlinear. Those in remission can be defined as no longer meeting the criteria for substance use disorder.
<ul style="list-style-type: none"> Abuse Misuse 	<p>For illicit drugs:</p> <ul style="list-style-type: none"> Use <p>For prescription medications:</p> <ul style="list-style-type: none"> Used other than prescribed 	<ul style="list-style-type: none"> The term “abuse” was found to have a high association with negative judgments and punishment and is typically used when one person harms another (e.g., sexual abuse). “Misuse” has commonly been used to replace “abuse,” but some believe the term is becoming outdated. “Misuse” sets substance use disorder apart from other similar disorders (e.g., there is no such thing as food misuse and sex misuse).
<ul style="list-style-type: none"> Opioid substitution replacement therapy Medication-assisted treatment (MAT) 	<ul style="list-style-type: none"> Opioid agonist therapy Medication treatment for OUD Pharmacotherapy Medication for a substance use disorder Medication for opioid use disorder (MOUD) 	<ul style="list-style-type: none"> It is a misconception that medications merely “substitute” one drug or “one addiction” for another. The term MAT implies that medication should have a supplemental or temporary role in treatment. Using “MOUD” aligns with the way other psychiatric medications

Instead of...	Use...	Because...
		<p>are understood (e.g., antidepressants, antipsychotics), as critical tools that are central to a patient’s treatment plan.</p>
<ul style="list-style-type: none"> • Clean 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing negative <p>For nontoxicology purposes:</p> <ul style="list-style-type: none"> • Being in remission or recovery (see recommendations on the use of the term “recovery” earlier) • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs 	<ul style="list-style-type: none"> • Use clinically accurate, nonstigmatizing terminology the same way it would be used for other medical conditions. • Use of such terms may evoke negative and punitive implicit cognitions.
<ul style="list-style-type: none"> • Dirty 	<p>For toxicology screen results:</p> <ul style="list-style-type: none"> • Testing positive <p>For nontoxicology purposes:</p> <ul style="list-style-type: none"> • Person who uses drugs 	<ul style="list-style-type: none"> • Use clinically accurate, nonstigmatizing terminology the same way it would be used for other medical conditions. • Stigmatizing terminology decreases patients’ sense of hope and self-efficacy for change.
<ul style="list-style-type: none"> • Addicted baby 	<ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/neonatal abstinence syndrome • Newborn exposed to substances 	<ul style="list-style-type: none"> • Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Use clinically accurate, nonstigmatizing terminology the same way it would be used for other medical conditions. • Using person-first language can reduce stigma.
<ul style="list-style-type: none"> • Addiction is a brain disease 	<ul style="list-style-type: none"> • Substance use disorder is a medical condition 	<ul style="list-style-type: none"> • The idea that addiction is a brain disease removes agency from people who use drugs and suggests that addiction is fixed, thereby disempowering individuals and communities in their pursuit of change.

Instead of...	Use...	Because...
		<ul style="list-style-type: none"> Equating addiction to common health conditions (e.g., diabetes) minimizes the role of punitive policing policies and discrimination in the experiences of those who use drugs. For more information, see our brief <i>Refocusing Upstream to Address the Stigma of Addiction</i>.

Resources

- NIDAMED. (2021, July 21). *Words matter: Terms to use and avoid when talking about addiction*. National Institute on Drug Abuse.
https://www.drugabuse.gov/sites/default/files/nidamed_words_matter_terms.pdf
- Hadland, S. E., Park, T. W., & Bagley, S. M. (2018). Stigma associated with medication treatment for young adults with opioid use disorder: A case series. *Addiction Science & Clinical Practice, 13*, 15. <https://doi.org/10.1186/s13722-018-0116-2>
- Yang, L., Wong, L. Y., Grivel, M. M., & Hasin, D. S. (2017). Stigma and substance use disorders: An international phenomenon. *Current Opinion in Psychiatry, 30*(5), 378–388.
<https://pubmed.ncbi.nlm.nih.gov/28700360/>
- Ashford, R. D., Brown, A. M., McDaniel, J., & Curtis, B. (2019). Biased labels: An experimental study of language and stigma among individuals and in recovery and health professionals. *Substance Use & Misuse, 54*(8), 1376–1384.
<https://doi.org/10.1080/10826084.2019.1581221>
- Pivovarova, E., Stein, M., & Wakeman, S. (2020). In their own words: Language preferences of individuals who use heroin. *Addiction, 114*(10), 1785–1790.
<https://doi.org/10.1111/add.14699>
- Kelly, J. F., & Saitz, R. (2016). Language, substance use disorders, and policy: The need to reach consensus on an “addictionary.” *Alcoholism Treatment Quarterly, 34*(1), 116–123.
<http://dx.doi.org/10.1080/07347324.2016.1113103>
- Ashford, R. D., Brown, A. M., & Curtis, B. (2019). “Abusing addiction”: Our language still isn’t good enough. *Alcoholism Treatment Quarterly, 37*(2), 257–272.
<https://doi.org/10.1080/07347324.2018.1513777>

8. Kelly, J. F., & Westerhoff, C. M. (2010). 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(3), 202–207. <https://doi.org/10.1016/j.drugpo.2009.10.010>
9. Olsen, Y., & Sharfstein, J. M. (2014). Confronting the stigma of opioid use disorder and its treatment. *JAMA*, 311(14), 1393–1394. <https://jamanetwork.com/journals/jama/article-abstract/1838170>
10. Pennelle, O. (2019). *Language matters in the recovery movement*. Faces and Voices of Recovery. <https://facesandvoicesofrecovery.org/blog/2019/08/01/language-matters-in-the-recovery-movement/>
11. Williams, A. R., Nunes, E. V., Bisaga, A., Levin, F. R., & Olfson, M. (2018). Development of a Cascade of Care for responding to the opioid epidemic. *The American Journal of Drug and Alcohol Abuse*, 45(1), 1–10. <https://doi.org/10.1080/00952990.2018.1546862>
12. McGinty, E. E., Pescosolido, B., Kennedy-Hendricks, A., & Barry, C. L. (2018). Communication strategies to counter stigma and improve mental illness and substance use disorder policy. *Psychiatric Services*, 69(2), 136–146. <https://doi.org/10.1176/appi.ps.201700076>
13. McGinty, E. E., & Barry, C. L. (2020). Stigma reduction to combat the addiction crisis—Developing an evidence base. *The New England Journal of Medicine*, 382, 1291–1292. <https://www.nejm.org/doi/10.1056/NEJMp2000227>
14. Hart, C. (2017). Viewing addiction as a brain disease promotes social injustice. *Nature Human Behaviour*. <https://doi.org/10.1038/s41562-017-0055>
15. Volkow, N. (2017). Brain disease model of addiction: Why is it so controversial? *Lancet Psychiatry*, 2(8), 677–679. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556943/pdf/nihms-714619.pdf>
16. Pickard, H. (2017). Responsibility without blame for addiction. *Neuroethics*, 10, 169–180. <https://doi.org/10.1007/s12152-016-9295-2>