

Words Matter - How to Refer to People Who Use Drugs and Alcohol

By Arin Jayes

In the world of brain injury, there has been increasing conversation about the language we use to describe people who use drugs and alcohol. We encounter this because brain injury and a history of substance misuse tend to co-occur. Current research indicates that for individuals receiving either brain injury or substance misuse rehabilitation, up to two thirds had a history of TBI and substance misuseⁱ. Consequently, professionals in the brain injury field are encountering more patients who have acquired anoxic brain injuries from overdoses. While treating this population, professionals are exposed to the stigmatizing and negative language often used to refer to them. As professionals, we ask - how does this negative language impact drug users' physical and mental health?

Addiction is one of the most stigmatized health conditions in the US and around the worldⁱⁱ. In Room's (2005) study, in which survey respondents were asked about their perception of different health conditions, "someone who is visibly drunk," and "someone who is visibly under the influence of drugs" were perceived the most negatively out of a list of other conditions. In their survey of British adults, Crisp et. al (2000) found that respondents commonly perceived people with schizophrenia, alcoholism and drug addiction as unpredictable and dangerous. Similarly, Barry et. al. (2014) found that people hold more negative attitudes towards people with drug addiction than other mental illness.

Portrayals of people in recovery also influence public perception. Barry et. al's 2015 study compared the effects of vignettes portraying persons with untreated and symptomatic versus successfully treated and asymptomatic mental illness and drug addiction on public perception. Portrayals of untreated and symptomatic schizophrenia, depression, and heroin addiction heightened negative public attitudes toward persons with mental illness and drug addiction. In contrast, portrayals of successfully treated schizophrenia, prescription painkiller addiction, and heroin addiction led to less desire for social distance, greater belief in the effectiveness of treatment, and less willingness to discriminate against persons with these conditions.

When referring to this community, some words are clearly more harmful than others. Ashford et. al's (2018) study found that the terms "substance abuser," "addict," "alcoholic," and "opioid addict," had strong negative associations along with "relapse" and "recurrence of use." "Pharmacotherapy" was strongly associated with the positive and significantly different than "medication-assisted treatment". The researchers called for ceasing use of the terms "addict," "alcoholic," "opioid addict," and "substance abuser." Additionally, they suggested that "recurrence of use" and "pharmacotherapy" be used for their overall positive benefits. They also found that both "medication-assisted recovery" and "long-term recovery" are positive terms and can be used when applicable without promoting stigma.ⁱⁱⁱ

Clearly, language matters! The Substance Use Disorder Institute recommends avoiding the following terms when referring to people who use drugs and alcohol:

- Substance Abuse/Substance Abuser

- Addict, Alcoholic, Junkie
- Recovering “addict, alcoholic, substance abuser, junkie, etc.”
- Criminal, Felon, convict
- Homeless
- Clean/Dirty
- Medication Assisted Treatment
- Addicted babies
- Relapse

Instead, they recommend using the following evidence-based alternatives when talking about people who use drugs and alcohol:

- Person with a substance use disorder (SUD)
- Person who uses drugs (PWUD)
- Substance use/substance misuse
- Person in recovery
- Person with justice-involvement; person that is justice-involved
- Person experiencing homelessness
- Positive/negative
- Medication-Assisted Recovery
- Substance use disorder/Opioid use disorder pharmacotherapy
- Medications for addiction treatment
- Neonatal abstinence syndrome/Neonatal opioid withdrawal syndrome
- Recurrence of use/recurrence of symptoms

This list is not exhaustive and there are many other potentially stigmatizing labels that we often use without regard. Always remember to use [person-first language](#) and meet people where they are at. If you are interested in learning more about how to refer to this population, here are a few more resources to explore:

Kelly, J., Spallin, E. (2016, June). *Toward an Addiction-Ary: Language, Stigma, Treatment, and Policy*. Talk Presented at National Association of Drug Court Professionals, Anaheim, CA June 2016. Retrieved from <https://facesandvoicesofrecovery.org/resource/toward-an-addiction-ary-language-stigma-treatment-and-policy/>

The Words We Use Matter: Reducing Stigma Through Language. (2016). Barnstable County Human Services Regional Substance Abuse Council. Retrieved from <https://facesandvoicesofrecovery.org/resource/the-words-we-use-matter-reducing-stigma-through-language/>

Words Matter: How Language Choice Can Reduce Stigma. (2017). Developed under the Substance Abuse and Mental Health Services Administration’s Center for the Application

of Prevention Technologies task order. Retrieved from
<https://facesandvoicesofrecovery.org/resource/words-matter-how-language-choice-can-reduce-stigma/>

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Barry, C. L. et. al (2015). Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination. *Social Science and Medicine* 126, 73-85.

Barry, C. L. et. al. (2014) Stigma, Discrimination, Treatment Effectiveness, and Policy: Public Views About Drug Addiction and Mental Illness. *Psychiatr Serv*, 65(10), 1269-1272.

Crisp, A. H. et. al (2000) Stigmatization of people with mental illness. *Br J Psychology* 177, 4-7

Positive Language Guidelines, Vers. 1.3. (2019) University of the Sciences. Retrieved from
<https://www.usciences.edu/about/substance-use-disorders-institute/index.html>

Reyst, H. (Ed.). (2016). *The Essential Brain Injury Guide*. Vienna, VA: The Brain Injury Association of America. Print.

Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug Alcohol Rev*. 24(2), 145-155.

ⁱ Reyst, 2016.

ⁱⁱ Room, 2005.

ⁱⁱⁱ Ashford et. al 2018.