

Person First Language for Substance Use Disorders

- Language is very important in conveying meaning and can trigger explicit and implicit bias and stigma if it is not consciously examined and utilized appropriately (Goodyear et al., 2018; Ashford et al., 2018).
- Research has shown that language and labels can adversely affect quality of care by health care professionals, as well as treatment outcomes (Ashford et al., 2018).
- Historically, those who have a substance use disorder (SUD) have been viewed more negatively than those with physical and psychiatric disabilities (Ashford et al., 2018; Botticelli, 2016). This stigma isolates individuals and may prevent them from seeking treatment (Botticelli, 2016).
- Language is constantly evolving, making it crucial to regularly take into consideration the words used by both patients and providers. Remaining aware and open to shifts in culture are vital components needed in order to provide the best care for all patients.
- In attempting to change bias and stigma toward those who have substance use disorders and to bring the language into the medical model where it rightly belongs, we have collected the following recommended language changes from The American Society of Addiction Medicine, major addiction journals, the DSM-V, and the Office of National Drug Control Policy. The language provided here is meant to be a starting point and to provide an opportunity for reflection.

Reference Concept	Clinical/Scientific Terminology	Words to Reconsider/Avoid
Substance misuse*	Substance Use Disorder	Addiction Substance abuse Using Drug Habit
Use of medications approved to treat SUDs	Opiate agonist treatment (OAT) Pharmacotherapy MOUD (medications for opioid use disorder) Medical treatment	Medication-Assisted Treatment** Drug treatment
Person who misuses substances	Person with a SUD	Addict Drug abuser Druggie Junkie
Has misused substances but not currently using them	Negative urine test Not currently using substances “Healthy Days”***	Sober Clean
Recurrence of use	Recurrence of use Exacerbation	Relapse Dirty
Substance poisoning	Poisoning Intoxication Overdose	
An individual that once had a substance use disorder who is no longer using substances	Person in recovery	Clean, straight

Person who injects drugs	Person who injects drugs Visible injection marks	Shooters, IVDU Tracks
Substance Use without Rx	Non-medical use of drugs Commercial use	Illicit Use of Drugs Recreational use
Cannabis	Cannabis Sativa or Cannabis Indica	Pot, weed
Describing behaviors	Strongly requesting Opted not to follow treatment plan Attempting to meet needs Attempting to procure medications Exhibited extreme agitation	Demanding Non-compliant Manipulative Drug seeking Combative
<p>* The use of any substance in a manner, situation, amount or frequency that will cause harm to themselves or those around them.</p> <p>** It is the opinion of Calver and Satz, among others, that life-saving opioid agonist treatments should not be relegated to “assistance” status. They are medication treatments just as insulin is for diabetes (which also has behavioral treatments), not therapies that merely “assist” some other treatment. In fact, it has been difficult to detect the effects of psychosocial care above those of opioid agonists in clinical trials. This term may help explain in part the limited use of and stigma surrounding the treatment.</p> <p>*** The term ‘healthy day’ was formulated by clients at a Northern California clinic and is utilized instead of ‘negative urine test’. Someone may be positive for THC or benzos (if they are prescribed) and still be considered ‘healthy.’ Contributed by Alexa Curtis, PhD, FNP</p>		

Case Study Example

See the following case study of two different approaches in language and attitude:

1. Judith is a client at a community medical clinic. She sees her NP Nancy monthly to receive her pain medication prescription. Lately, Nancy has been very conservative with Judith’s medication and has been tapering her down in dosage over a period of several months. She has told Judith that she is an ‘addict’ and that she has abused her medication in the past and that she would like to see Judith get off the pain medication altogether stating, “I don’t want to support your drug habit. Don’t you want to get clean?” Judith has used more medication than is prescribed in the past, stating the dose prescribed did not alleviate her pain. She admits to illegally buying medication from a friend to make up for her dosage decrease. When she sees NP Nancy, Judith admits this, but then becomes demanding that Nancy increase her dose. Nancy responds by saying, “I don’t know what I am going to do with you, Judith! You are clearly drug seeking and showing addictive behavior. If you aren’t careful, you will OD! I may just have to cut you off and send you to rehab!”
2. Judith is a client at a community medical clinic. She sees her NP Nancy monthly to receive her pain medication prescription. Judith understands that the medical community is under pressure to decrease and/or discontinue pain medication prescriptions with all the talk of addiction and overdose in the media. Judith asks her NP whether or not she will be discontinuing her pain medication. Nancy responds by saying, “Does that possibility concern you?” Judith answers, “Yes, very much! I need that medication. I don’t know what I would do without it!”

Nancy does a thorough pain assessment on Judith and reviews Judith’s CURES screen. She notes Judith has gone to different doctors and received two additional prescriptions. Nancy asks Judith about this and states her concern that Judith is possibly misusing her medication. Nancy uses the ASI tool to screen for a substance use disorder and Judith scores positively. Nancy tells Judith she is concerned that she has a Substance Use Disorder and would like to address that with her today. Judith is defensive at first but then agrees that she is worried about her own use and that she has been using more than she actually needs. Nancy tells Judith about possible avenues she can take to address the SUD, one being enrolling in a local medical treatment center, the other is participating in a clinic-based Opiate Agonist Treatment program which she could begin at any time.

Recommendations

The Adopt team agrees with and supports the recommendations of the editorial staff at *Substance Abuse* regarding language used for substance use disorders which are as follows:

- Respects the worth and dignity of all persons (“people-first language”)
- Focuses on the medical nature of substance use disorders and treatment
- Promotes the recovery process
- Avoids perpetuating negative stereotypes and biases through the use of slang and idioms (Broyles et al., 2014)

Video Resources

The following videos depict information related to person first language:

- <http://youtu.be/GKCC5UZ9iAo>
- <https://pcssnow.org/education-training/training-courses/respect-and-dignity-key-in-treating-substance-use-disorders/>

References

- 1) American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- 2) Ashford, R.D., Brown, A.B., Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence* 189: 131–138.
- 3) Botticelli, M. (2017). Changing federal terminology regarding substance use and substance use disorders. Office of National Drug Control Policy. Retrieved from: <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20%20Changing%20Federal%20BottTerminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>
- 4) Botticelli, M. & Koh, H., (2017). Changing the Language of Addiction (2016). *Journal of the American Medical Association*, 316: 13, 1362.
- 5) Broyles, I. Binswa, Jenkins, J., Finnell, D., Faseru, B., Cavaiola, A., Pugatch, M. & Gordon, A. (2014) Confronting Inadvertent Stigma and Pejorative Language in Addiction Scholarship: A Recognition and Response, *Substance Abuse*, 35:3, 217-221, Retrieved from: DOI: 10.1080/08897077.2014.930372.
- 6) Calver, K. & Saitz, R. (2017,). Substance use terminology. *Journal of the American Medical Association*, 317:7, 769-70.
- 7) Goodyear, K., Haass-Koffler, C., Chavanne, D. (2018). Opioid use and stigma: The role of gender, language and precipitating events. *Drug and Alcohol Dependence*, 185: 339-346.
- 8) Mcginty, E., Pescosolido, B., Kennedy-Hendricks, A., Barry, C. (2018) Communication Strategies to Counter Stigma and Improve Mental Illness and Substance Use Disorder Policy. *Psychiatric services*, 69:2, 136-146.
- 9) National Institute on Drug Abuse (2019) Recommendations for Non-Stigmatizing Language in Substance Use Research <https://cherishresearch.org/resources/#NonStigmatizingLanguage>
- 10) U.S. Department of Health and Human Services. (2016). *Facing Addiction in America: The Surgeon General’s Report Alcohol, Drugs, and Health*. 3-4.
- 11) Xie, E., Green, S., Puri, N. Updating our language around Substance Use Disorders. *Canadian Medical Journal* 189: 50.