

Language to Reduce Substance Use Stigma & Empower Effective Treatment

TERMS TO USE	How does this work to reduce stigma?	TERMS TO AVOID
<p>Person: Who uses substances, With a substance use disorder</p>	<p>Using neutral, medically accurate, terms reduces stigma and promotes a non-judgmental, compassionate approach to caring for people who use substances. This may help people to feel more comfortable seeking treatment.</p>	<p>Addict, User, Junkie, Alcoholic, Drunk, having a Drug Habit, Drug/Alcohol Abuser, [Substance] Dependent</p>
<p>Baby: Who shows signs of withdrawal, with neonatal withdrawal syndrome, has had exposure to substance(s), was born to parents who used drugs while pregnant</p>	<p>Babies who have been exposed to substances do not have a substance use disorder (addiction). They may be experiencing withdrawal and require medical observation and care.</p>	<p>Addicted Baby, born addicted</p>
<p>Treatment, pharmacotherapy, Medication for addiction treatment (MAT), Medication for opioid use disorder (MOUD)</p>	<p>This terminology can help correct the misconception that medication for a substance use disorder is substituting one addiction for another. “Assisted” can also imply a supplemental or temporary intervention when, in fact, it may be the primary treatment and be used long-term.</p>	<p>MAT (Medication-Assisted Treatment), Opioid substitution, Replacement Therapy</p>
<p>Positive/Negative Result (toxicology screen results)</p>	<p>Using medical terminology helps reduce stigma and the implication of judgment around substance use. This can increase an individual’s willingness to seek and engage in care.</p>	<p>Clean/Dirty (failing drug test)</p>

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<p>Person: Who is in/entering remission or recovery, is abstinent from drugs, is testing negative on a drug test</p>	<p>These terms accurately identify the current status of one's substance use. They are non-judgmental and person-first.</p>	<p>Clean, Former Addict, Reformed Addict</p>
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Additional Resources

The terms included in this tip sheet are not an exhaustive list and may not always be right for every context or individual. Discussions around language are very interesting as things are changing frequently. Some terms that were used just a few years ago are now being rethought and may be used differently by varying programs or heard differently depending on the person.

- AAP
<https://publications.aap.org/pediatrics/article/149/6/e2022057529/188090/Recommended-Terminology-for-Substance-Use?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000> "In issuing this policy statement, the American Academy of Pediatrics (AAP) joins other large organizations in providing recommendations regarding medically accurate, person-first, and nonstigmatizing terminology."
- NIDA/ NIH
<https://nida.nih.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction> "With simple changes in language harmful stigma and negativity around SUD can be reduced or avoided."
- BMC
[Grayken Pledge co-branded 080718 \(bmc.org\)](#) "What we say and how we say it makes a difference."
[Words Matter: What We Say Can Determine Who Gets Help - Boston Medical Center \(bmc.org\)](#)
"Using clinically-accurate terms to describe substance use disorders (SUD) has far more to do with medical accuracy than it does with political correctness."
- Ted Talk
[Michael Botticelli: Addiction is a disease. We should treat it like one | TED Talk](#)

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