We Need to Change the Language we use to Describe Individuals with Substance Use Issues

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People with substance use disorders (SUD) are highly stigmatized worldwide. The way we describe individuals with substance issues and addiction (e.g., "addict", "alcoholic", and "abuser") leads directly to their stigmatization and negative bias. In addition, the way patients and clients are described by their care providers directly impacts the quality of care they receive.[1] As we push to end the U.S. "War on Drugs," professionals have an obligation to ensure that the language they use to describe people who struggle with substances does not negatively impact them.

Across several studies,[3,4,5,6,7,8] our research team found that unconscious biases and negative language used to describe people with SUDs have two major impacts: (1) Unconscious bias against a person with substance issues impacts the care they receive, and (2) The use of stigmatizing language by professionals further entrenches societal bias and negative associations against people with substance-related issues.

> **KEY FINDINGS**
> - Terms like "Substance Abuser," "Alcoholic and "Addict" stigmatize people with substance use issues.
> - Health care professionals, individuals with addictions, individuals in recovery, and the general public all associate negative bias with terms like "addict" and "abuser".
> - Person-first language such as "person with a substance use disorder" should be used by professionals to describe populations with substance use issues.
> - Health care professional should also use caution with terms like "Relapse" and "Medication Assisted Treatment" as those terms are associated with negative bias.

Professionals in general, but particularly health care professionals (HCP), should use person-first language such as "person with a substance use disorder," to describe these individuals. Person-first language is defined as language that places the person before the clinical diagnostic labels so as to not define the individual by such diagnostic labels (i.e. "person with addiction," versus "addict"). Additionally, people who identify as being in recovery, particularly those working in professional settings, should evaluate how they self-identify in their professional environments. People in recovery who are not working in professional environments should also evaluate labels they use to self-identify outside of traditional recovery communities.

"Substance Abuse" and "Addict" Have Negative Connotations

Using a tool known as the Go/No-Go Association Task (GNAT),[2] we tested the negative bias of several terms that are commonly used to describe substance use disorders (e.g., addict, substance abuse).[3,5,7,8] This negative bias can be thought of as an negative implicit association of qualities that people attribute to labels that are commonly used to describe those with substance use issues.

Across multiple studies, we sampled populations that identified as being in recovery, people with addiction that were not in recovery, health professionals, and non-health professionals (i.e., the general public).[3,4,5,7,8] We found that, across all groups, the terms "addict" and "substance abuse" elicited negative bias.

In our most comprehensive study,[8] we examined differences in respondents' perceptions of pairs of terms: "alcoholic" & "alcohol use disorder," "relapse" & "recurrence of use," "opioid addict" & "opioid use disorder," "medication assisted treatment" & "pharmacotherapy". Result demonstrated greater negative bias for the terms "alcoholic," "relapse," "opioid addict" and "medication assisted treatment" than their counterparts. ([See downloadable PDF on Recovery Dialectics](#)).

Individuals (including Professionals) in Recovery Should Educate Themselves about Self-Labeling

Like all communities, 12-Step groups have their own traditions, terms, and customs. It is common for people in 12-Step recovery groups to refer to themselves as an "addict" or "alcoholic" when self-identifying within a 12-Step meeting. But our research[4] shows that those who identify as being in recovery also have negative bias with these terms. People in recovery should retain their right to self-identify however they choose,[6] particularly within the context of communities of recovery such as 12-Step groups, but they should also be aware that such terms create negative bias among those both within *and* outside of 12-Step. A good rule of thumb is to keep labels such as "addict" or "alcoholic" within the rooms of recovery communities or within close spaces with friends. When identifying oneself outside of the context of 12-Step recovery communities, or when speaking publicly, the most appropriate way to self-identify is as a "person with a substance use disorder," or "person in recovery from a substance use disorder."

Recommendations for Professionals and People in Recovery

Health and clinical professions should make a concerted effort to stop using terms like "substance abuser," "alcoholic" and "addict" in both professional and casual capacities. These terms should not be used in medical files, case notes, and records. Professionals should speak professionally about individuals who struggle with substance use disorders and opt for person-first language such as "person with a substance use disorder" or the diagnostically accurate clinical term of "substance use disorders." Professionals should also consider the use of "alcohol use disorders, "opioid use disorders," "recurrence of use," and "pharmacotherapy" as the most appropriate terms.[8] Reporters and first responders like EMS, Fire, and Police professionals should also be trained in the proper use of person-first labels to describe individual with substance issues that they may encounter in their daily work. Individuals in recovery who are working in these professional fields should consider how they self-identify and the possible impacts of using stigmatizing labels outside of peer community and recovery contexts (e.g. 12-Step groups). Person-first qualifiers should also be added when describing other disorders such as, "person with an opioid use disorder," or, "person with an alcohol use disorder."

> *Professionals should speak professionally about individuals who struggle with substance use disorders and opt for person-first language...*

Data and Methods

The studies summarized above used the GNAT[2] method of testing negative implicit bias along with other measures and findings not summarized in this brief. For more details on the methods used in any specific study, please see the full published articles (citations are below).

End Notes

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4. Ashford, R. D., Brown, A. M., McDaniel, J., & Curtis, B. (2019). Biased labels: An experimental study of language and stigma among individuals in recovery and health professionals. *Substance use & misuse*, 54(8), 1376-1384.
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The mission of the Lerner Center for Public Health Promotion at Syracuse University is to improve population health through applied research and evaluation, education, engaged service, and advocating for evidence-based policy and practice change.

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